01842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9401 Bradley Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA.
STREET ADDRESS (If rural, give location) 9401. BRADLEY Blvd.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH. (Middle) ABBY. (Last) AdGATE

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH OCT. 1. 1862.
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME GEORGE FLEMING
14. MOTHER'S MAIDEN NAME MARY —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS — ROBERT D. ADGATE. 9401. BRADLEY Blvd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

H22.1 Immediate cause (a) Pulmonary edema — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. cardiovascular degeneration — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Feb 8, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Emil G. Baumfeld (Degree or title) M.D. ADDRESS Bethesda, 14 Md DATE SIGNED 2/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal-Burial
DATE THEREOF 2-8-1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Lansing, Mich

DATE REC'D BY LOCAL REG. 2/9/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400. Chapin St Wash D.C. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 22
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 01843

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place): 12 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fairview Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York
STREET ADDRESS (If rural, give location): 606 W. 116th Street

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) (Last) ATKINS

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 10, 1869

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Piano

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: T. Asteley Atkins

14. MOTHER'S MAIDEN NAME: Julia Fenton Rockwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Bowman Shepard Atkins, 9917 Rogart Rd., S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c) Arteriosclerosis, Generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1952, to Feb 15, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. Dewitt Fox M.D. | 8726 Colesville Rd Silver Spring Md | Feb 15, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | **DATE THEREOF**: Feb. 15, 1953 | **NAME OF CEMETERY OR CREMATORY**: Fort Lincoln Crematory | **LOCATION (City, town, or county) (State)**: Prince George's Co., Md.

DATE REC'D BY LOCAL REG.: 2/19/53 | **REGISTRAR'S SIGNATURE**: Frances Cutler

24. FUNERAL DIRECTOR | **ADDRESS**: Warner E. Pumphrey, Silver Spring, Md.

RECEIVED
FEB 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01844

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Monty — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 12302 Dewey Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — STREET ADDRESS (If rural, give location) #1 Manchester Place

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) I (Last) Attinson

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/10/03

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter (Contract)

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Attinson

14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I & 2

16. SOCIAL SECURITY No.: 131-12-6782

17. INFORMANT AND ADDRESS: Mrs. Mary M. Attinson, 1 Manchester Pl. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Bouchart M.D. Gaithersburg Md 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/10/53 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington County, Va.

DATE REC'D BY LOCAL REG. 2/9/53 — REGISTRAR'S SIGNATURE: Frances Cotter — 24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01845

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1910 Belmont Rd.

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Wells (Last) Bailey
4. DATE OF DEATH: (Month) (Day) (Year) February 14th 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 5 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Her home
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry W. Wells
14. MOTHER'S MAIDEN NAME: Kate Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Norman D. Keller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic myocardial insufficiency — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis-hypostatic pneumonia — 6 days

(c) Cerebral hemorrhage — 10 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1952 to Feb. 11, 1953, that I last saw the deceased alive on Feb. 11, 1953, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wheeler D. Keller M.D. — 4529 Mable Ave, Bethesda 14, Md. — Feb. 11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/13/53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington (State): Va

DATE REC'D BY LOCAL REG. 2/12/53 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2401-14th St NW Washington D.C.

FEB 16 1951
BUREAU V. S.

01846

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8416 Donnybrook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 8416 Donnybrook Lane

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) JOHN (Last) BARCAL

4. DATE OF DEATH (Month) Feb. (Day) 18, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-17-1880
9. AGE last birthday 72 yrs. If under 1 year Months 8 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tailor
10b. KIND OF BUSINESS OR INDUSTRY Self Emp.
11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jacob J. Barcal
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 335-20-9568
17. INFORMANT AND ADDRESS Mildred F. Barcal-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDITIS, CHRONIC	2 YRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ASTHMA, BRONCHIAL	20 YRS
	ARTERIOSCLEROTIC HEART DISEASE	20 YRS
	(c) CHRONIC PASSIVE CONGESTION, WITH HEART FAILURE	2 MO

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from DEC. 24, 1951, to FEB. 18, 1953, that I last saw the deceased alive on FEB. 17, 1953, and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE M. Howard Skolnick (Degree or title) M.I. ADDRESS 8337 Grubb Road Silver Spring, Md. DATE SIGNED Feb. 18, 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial Transit
DATE THEREOF 2-18-53
NAME OF CEMETERY OR CREMATORY National Bohemian Cem.
LOCATION (City, town, or county) Chicago, Ill. (State)

DATE REC'D BY LOCAL REG. 2/21/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1953
BUREAU V. S.

01547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium	STREET ADDRESS (If rural, give location) 1801 Hoban Road, N. W.

3. NAME OF DECEASED (Type or Print) (First) Cora (Middle) Louise (Last) Benjamin

4. DATE OF DEATH (Month) Feb. (Day) 9 (Year) 1953

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH 1/23/1857 — 9. AGE last birthday 96 yrs. — If under 1 year Months 0 Days 16 — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY Own home — 11. BIRTHPLACE (State or foreign country) Maine — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Russell C. Benson — 14. MOTHER'S MAIDEN NAME Abigail Dunbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS Mrs. Marion B. Woodbury-Same #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

321 X Immediate cause (a) Bronchopneumonia — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis; cerebral hemorrhage - 9 years

(c) Chronic myocardial insufficiency - 10 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

SIGNATURE Wheeler D. Huff (Degree or title) M.D. — ADDRESS 5529 Maple Ave. Bethesda, Md. — DATE SIGNED Feb. 9 1953

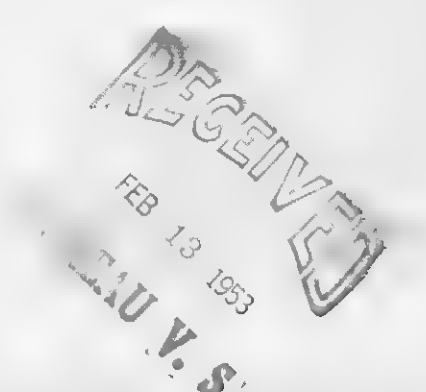
23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 2/10/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. 2-10-53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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FEB 13 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 81848

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Front MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, LENGTH OF STAY (in this place) 11 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural give location) 812 Burlington Ave

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Taylor (Last) Black
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-14-70
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Gardner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Scotland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John. T. Black
14. MOTHER'S MAIDEN NAME: (unknown) Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George + Andrew Black

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Essential Hypertension — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1953, to Feb 23, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 10:30 pm, from the causes and on the date stated above.

SIGNATURE C. Anderson (Degree or title) MD. ADDRESS Takoma Park Md. DATE SIGNED 2-23-53

23. RURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-26-53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Prince Geo. County (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb. 24 1953
REGISTRAR'S SIGNATURE J. William Todd
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Worth. D 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Frank Broschart, Medical Examiner of Montgomery County, authorized Dr. Anderson to issue this certificate.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1549

CERTIFICATE OF DEATH

Reg. Dist. No. .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 24 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural give location): 3708 Gunston Road

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Gertrude (Last) BRENNAN

4. DATE OF DEATH: (Month) February (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 4, 1884

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boston Massachusettes

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Elijah WILSON

14. MOTHER'S MAIDEN NAME: Anne Mc CRYSTAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Son: George Leland BRENNAN 1502 Ellison Street Falls Church, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF VULVA — Interval Between Onset And Death: 18 Mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1953, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 2:25 A.M. from the causes and on the date stated above.

SIGNATURE: Donald R. DYE (Degree or title) LTJG MC USNR — ADDRESS: U.S.Naval Hospital, NNMC, BETHESDA, MARYLAND — DATE SIGNED: February 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 27, 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: February 24, 1953 — REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR: R.A. Pumphrey Funeral Home, — ADDRESS: 7337 Wisconsin Avenue Bethesda, Maryland.

VS. A15

01850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5-6

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 30 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 2614 East-West Highway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Wilbur Vernon Brumbaugh
4. DATE OF DEATH (Month) (Day) (Year): Feb. 14 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 19, 1895
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Refrig. Manufacture
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Allen Brumbaugh
14. MOTHER'S MAIDEN NAME: Emma Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-03-1496
17. INFORMANT AND ADDRESS: Mrs. Sue B. Brumbaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Rupture of dissecting aortic aneurysm — Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerotic C. V. Disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1953, to Feb 14, 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE: Frank A. Zack (Degree or title) M.D. — ADDRESS: Silver Spring Md — DATE SIGNED: Feb. 14, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit — DATE THEREOF: 2-17-53 — NAME OF CEMETERY OR CREMATORY: Homewood Cemetery — LOCATION (City, town, or county) (State): Pittsburg, Pa.
DATE REC'D BY LOCAL REG.: 2/18/53 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1

FEB 20 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2155

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-154

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 25 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 700 - Chillum Road ✓

3. NAME OF DECEASED (Type or Print): (First) Billy (Middle) Ruth (Last) Bryant

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. (SINGLE) MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug 17 1933

9. AGE last birthday: 19 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rich Square N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Neal Aubrey Bryant

14. MOTHER'S MAIDEN NAME: Sarah Lorene Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Woodland N.C (Mr & Mrs. Paul A Bryant)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 16 Immediate cause (a) Cerebral hemorrhage & laceration — 75 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound Thru Skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Hyattsville (COUNTY) P. G. (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY 2-10-53 - 8 P. m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Self inflicted bullet Wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Grant J. Bosshart M.D. ADDRESS Gaithersburg md DATE SIGNED Feb 11. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/13/53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Rich Square N C

DATE REC'D BY LOCAL REG. Feb. 12-1953 REGISTRAR'S SIGNATURE J. Hudson Todd

24. FUNERAL DIRECTOR ADDRESS H. A. Chambers Co Riverdale Md

FEB 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01852

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brookeville Md
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) F (Last) BURDETTE
4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug 4 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Way-Work
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benjamin F Burdette
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Noland Brown Unity Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cardiac failure — Interval Between Onset And Death: 15 mins

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Feb 17, 1953, that I last saw the deceased alive on Feb 16, 1953, and that death occurred at 5:30 AM, from the causes and on the date stated above.
SIGNATURE Charles S. Whitaker (Degree or title) M.D. ADDRESS Clarksville, Md. DATE SIGNED 2/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 19/53 NAME OF CEMETERY OR CREMATORY Damascus Md LOCATION (City, town, or county) Montgomery Co (State) Md
DATE REC'D BY LOCAL REGISTRAR 2-19-53 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

31553

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 Carroll Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4622 Wisconsin Avenue, N.W.

3. NAME OF DECEASED (Type or Print): (First) Estelle (Middle) Pauline (Last) BURROWS
4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/1/1879
9. AGE last birthday: 73 yrs. If under 1 year: Months 5 Days 19; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Andrew J. Riley
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Andrew P. Federline-above, Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vascular Disease	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	1 yr.
	(c) Repeat Thrombosis (Stroke)	1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1952, to Feb 20, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 11:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Leavitt Fox M.D. Silver Spring, Md. Feb 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/24/1953
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince George Maryland

DATE REC'D BY LOCAL REG. 2/2/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

RECEIVED
FEB 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01851

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 900 Butternut Street [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Nye (Last) BUSH Jr.
4. DATE OF DEATH: (Month) (Day) (Year) February 23 19[illegible]

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 30, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Nye BUSH
14. MOTHER'S MAIDEN NAME: Maria LUBTSCHENKO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Charles Nye BUSH same as 2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Cong. Heart Disease

DUE TO Tricuspid atresia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 3 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb. 23, 1953, that I last saw the deceased alive on Feb. 23, 1953, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] LT MC USN U.S. Naval Hospital NNMC, Bethesda, Maryland. February 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 26, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington Virginia.

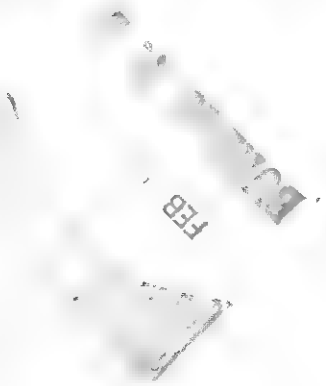
DATE REC'D BY LOCAL REGISTRAR [illegible] 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.
ADDRESS

9V7399V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1855)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY: Stark
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Canal Fulton
STREET ADDRESS (If rural give location): 203 East High Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Marvin (Last) BUTLER

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 3, 1930

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR: Months 01 Days 03 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Marine Corps

11. BIRTHPLACE (State or foreign country): Massillon, OHIO

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jay "D" BUTLER

14. MOTHER'S MAIDEN NAME: Edith Alice CARNES

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 8-15-51 to 2-14-53

16. SOCIAL SECURITY No.: 296-24-8165

17. INFORMANT & ADDRESS: Mother: Alice C. Butler, same as #2, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

298.1
Immediate cause (a) HEART Failure — 18 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Acute Hemolytic Anemia — 18 Days.
DUE TO
(c) Unknown Factor.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pituitary Hemorrhage, Multiple; due to foci of hemorrhage entire BOWEL; Thrombocytopenia

19a. DATE OF OPERATION: 2-13-53

19b. MAJOR FINDINGS OF OPERATION: Markedly enlarged, hemorrhagic spleen & multiple infarcts.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1953, to Feb. 14, 1953, that I last saw the deceased alive on Feb. 14, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE Martin Epstein (Degree or title) M. EPSTEIN, LT MC USN — ADDRESS U. S. Naval Hospital, Bethesda, Maryland — DATE SIGNED February 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Feb. 14, 1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Memorial Park — LOCATION (City, town, or county) (State): Massillon, Ohio

DATE REC'D BY LOCAL REGISTRAR: Feb. 14, 1953 — REGISTRAR'S SIGNATURE: Enid Whittington

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Purphrey Fureal Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

Items 10,14 FilmG151 2/19/53 whw
Item 9 FilmG151 3/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0185 212
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN BOYDS VIA DAWSONVILLE
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. VA COUNTY BERKELEY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARTINSBURG
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) WILLIAM CHANTLER (Last)

4. DATE OF DEATH: (Month) FEB (Day) 13 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 15. 1867

9. AGE last birthday: 86 yrs. 87

IF UNDER 1 YEAR: Months 11 Days 28
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: of Wife of Coal Operator

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM STAUB

14. MOTHER'S MAIDEN NAME: Hannah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs Benoni Allnutt - Boyds, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4220		
Immediate cause	(a) Coronary occlusion, thrombosis.	2 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	10 years
	DUE TO (c) Arteriosclerosis	10 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7-52, 19.53, to 13-Feb 19.53, that I last saw the deceased alive on 13-Feb, 19.53 and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John S Fawcett M.D. Boyd, md 13 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL

DATE THEREOF 15 FEB. 1953

NAME OF CEMETERY OR CREMATORY ROSEDALE

LOCATION (City, town, or county) (State) Martinsburg, West Va.

DATE REC'D BY LOCAL REG. 2/13/53

REGISTRAR'S SIGNATURE Chas. Elgin - cmc

24. FUNERAL DIRECTOR ADDRESS
Louis W. Kogelschatz
Martinsburg W. Va.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61857

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 1 Month 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Columbus
STREET ADDRESS (If rural give location) 84 15th. Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Drummond (Last) CHARLES
4. DATE OF DEATH: (Month) (Day) (Year) February 25 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: November 16,1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 3 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: MUSIC Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Musician
11. BIRTHPLACE (State or foreign country) Fort Apache, Arizona
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William B. DAVIS
14. MOTHER'S MAIDEN NAME: Helen FULLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son: Robert Gene CHARLES 800 Montecello Drive, Falls Church, Virginia.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Brain tumor, malignant

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17,1953, to Feb. 25, 1953, that I last saw the deceased alive on Feb. 25, 1953, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

SIGNATURE E P Thelen (Degree or title) E. P. THELEN, LCDR MC USN, U.S.Naval Hospital, NNMC, ADDRESS Bethesda, Maryland. DATE SIGNED February 25,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Feb. 27, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince Georges County Maryland

DATE REC'D BY LOCAL REGISTRAR February 25, 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Monty Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Georgia — COUNTY: — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Athens

STREET ADDRESS (If rural, give location): 234 N. Peter St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leroy	V.	Childress	Feb	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	Married		36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Truck Driver	Big 3 Trucking Co	Lexington, Ga	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eddie Childress	Louisiana Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Louisiana Webb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to 1st 2nd & 3rd degree — 18½ hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) burns involving face chest arms & legs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	highway	Ashton	Monty	md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
9:45 - 2-4-53 p m.		auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bassett	M.D.	Smithsburg md	2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Interred	2-6-53	Fork Bethel	Lexington, Ga.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-6-53	Garbrick B Lewis	Robert L. Snowden	Rockville Md

RECEIVED
JUL 13 1953
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61859

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural give location) 5506 Sonnwick St.

3. NAME OF DECEASED: (Type or Print) (First) Hester (Middle) May (Last) CLAGGETT

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10-1-1902
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eugene O'Neale
14. MOTHER'S MAIDEN NAME: Susan Purvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 4112 Chesapeake St. N.W. Cousin - Mrs John Becker Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) DUE TO Cerebral Hemorrhage — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertension — 10 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to Feb, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 12 55 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Leo I. Donovan MD ADDRESS 8016 Georgetown Rd DATE SIGNED 2/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-7-53 NAME OF CEMETERY OR CREMATORY Rockville Union LOCATION (City, town, or county) Rockville, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 2/10/53 REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1953
U.S.

01560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kensington Garden

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 5460 30 Place NW

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) William (Last) CLINE
4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 17 1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil Producer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Muskingum Co. Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Andrew Cline
14. MOTHER'S MAIDEN NAME: Phillipina Heins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs J. F. Hoffland 5460-30 Place NW Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage; Cerebral; Acute — 1 day

Antecedent cause(s) (b) Arteriosclerosis; Generalized Chronic — yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4/53, 19....., to 2/5/53, 19....., that I last saw the deceased alive on 2/5/53, 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: Samuel Allen — (Degree or title): M.D. — ADDRESS: Kensington Md — DATE SIGNED: 2/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 2/6/53 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Marietta — (State): Ohio

DATE REC'D BY LOCAL REG.: 2/6/53 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4812 Galloe NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01861

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) South Arlington
STREET ADDRESS (If rural give location) 2618 27th. Road

3. NAME OF DECEASED: (Type or Print) (First) Cathy (Middle) Marie (Last) COOPER
4. DATE OF DEATH: (Month) (Day) (Year) February 1 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: January 31, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS Hours Min. 00 32
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Kennith Wade COOPER
14. MOTHER'S MAIDEN NAME: Shirley Ann BOWLING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Kennith Wade COOPER Same as #2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Atelectasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Crematurity, Immaturity DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1953, to Feb. 1, 1953, that I last saw the deceased alive on Feb. 1, 1953, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE P. G. HOVEMAN, LT MC USN (Degree or title) ADDRESS U.S. Naval Hospital, Bethesda, Maryland DATE SIGNED February 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Feb. 3, 1953
NAME OF CEMETERY OR CREMATORY Naval Medical School NNMC
LOCATION (City, town, or county) (State) Bethesda, Maryland
DATE REC'D BY LOCAL REGISTRAR February 2, 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR None (Absolute Cremation) ADDRESS

2013161321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1862)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Olney
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Rt. 1.
STREET ADDRESS (If rural give location): Norbeck.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Cooper

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12, 30, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer Construction Co.

10b. KIND OF BUSINESS OR INDUSTRY: Retired.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson Cooper

14. MOTHER'S MAIDEN NAME: Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife Mandella Cooper Silver Spring Rt #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Hypertensive Cardiovascular Disease — Yes
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 32, to 2/11, 1953, that I last saw the deceased alive on 2/11, 1953, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: DATE SIGNED 2/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/14/53 — NAME OF CEMETERY OR CREMATORY: Union Wesley — LOCATION (City, town, or county): Potomac — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 2-14-53 — REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR: Robert L Snowden — ADDRESS: Rockville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01562

Reg. Dist. No. X

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2712 Dawson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2712 Dawson Ave.

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) MARGARET (Last) COURSON

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1953

5. SEX: Female (FEMALE) | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 10/26/96 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Cambridge Springs, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ed Catlin
14. MOTHER'S MAIDEN NAME: Jennie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. William O. Courson, 2712 Dawson Ave.

18. MEDICAL CERTIFICATION — Wheaton, Silver Spring, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Cancer Colon Metastases to Cervical Spine, Cervical Nodes and Ribs — Interval between onset and death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1952
19b. MAJOR FINDINGS OF OPERATION: Cancer Colon - Colostomy
(CITY OR TOWN) Silver Spring (COUNTY) Md (STATE)
20. AUTOPSY? Yes ☐ No ☐

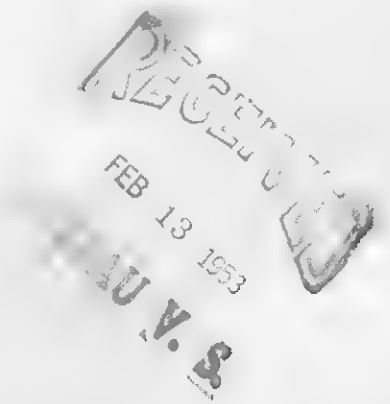
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to Feb 8, 1953, that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John J. Curry M.D. ADDRESS 11301 Georgia Ave S.S. DATE SIGNED Feb 8, '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/10/53
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland


FEB 13 1953
U.S.

01864

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2111 Hildarose Drive

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Crosby
4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2/22/79
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY: England

13. FATHER'S NAME: James Halliday
14. MOTHER'S MAIDEN NAME: Jane Hagg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Jean C. Abrams, 2111 Hildarose Drive

18. MEDICAL CERTIFICATION — Silver Spring, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
7220	Immediate cause	(a) Congestive failure	48 hours
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatoid Arthritis	8 yr
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 10:59 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] MD - 10110 Georgia Ave, Silver Spring, Md. 2-4-1953

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation
DATE THEREOF: 2/4/53
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. 2-11-53
REGISTRAR'S SIGNATURE: Gertrude B Fowler
24. FUNERAL DIRECTOR: [illegible] ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

Recd from Potter Silver Spring

U.S.A.
FEB 13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0156

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ciney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. County Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Sallye	Jane	Day		Feb.	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Jan. 19, 1886	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Damascus Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rufus Kent King
14. MOTHER'S MAIDEN NAME: Emma Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS: Wm. J. Day, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aplastic Anemia (Idiopathic)	7 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial insufficiency	2 yrs
	Terminal broncho-pneumonia	1 day
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19.35, to Feb. 15 1953., that I last saw the deceased alive on Feb. 15., 19.53, and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE: W. McKendree Boyer (Degree or title) M.D.
ADDRESS: Damascus, Maryland
DATE SIGNED: Feb. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 18, 1953
NAME OF CEMETERY OR CREMATORY: Damascus
LOCATION (City, town, or county) (State): Damascus, Md.

DATE REC'D BY LOCAL REG. 2-20-53
REGISTRAR'S SIGNATURE: Gertrude B. Fowler
24. FUNERAL DIRECTOR: Olin L. Molesworth
ADDRESS: Damascus, Md.

Recd from D M Burdette Damascus

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A25

FEB

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12866

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestview
STREET ADDRESS (If rural, give location) 4832 Park Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	May	Dean	Feb	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widow	Aug 11, 1867	85 8 yrs.	2	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Beard
14. MOTHER'S MAIDEN NAME: Martha Kidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Bertha M Fawcett 4828 Park Ave Chestview md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
232X Immediate cause (a)	Shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Fat embolism of brain	30 hrs
(c)	Fracture left hip	30 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generalized arteriosclerosis - old myocardial degeneration

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home	(CITY OR TOWN): Chestview	(COUNTY): Monty	(STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broestrat	M.D.	Gaithersburg Md	2-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-53	Mt. Zion	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/53	Jessie M. Stanley	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible]-age is especially important. Physicians: [illegible] write the causes of death clearly and legibly.

VS. A15A

Items 2, 17: film G151 3-10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7400 Blair Road	STREET ADDRESS 7499 (If rural, give location) 7400 Blair Road

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle)	(Last) Declercq	4. DATE OF DEATH	(Month) Feb.	(Day) 20	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 10/8/72	9. AGE last birthday 80 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Ruysselede, Belgium	12. CITIZEN OF WHAT COUNTRY? Belgium				
13. FATHER'S NAME Constant Declercq	14. MOTHER'S MAIDEN NAME Virginia Duchatelet						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Miss V. Martha Declercq, 7499 7400 Blair Road Takoma Park, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

431X

Immediate cause (a) Toxic myocardial degeneration — 5 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 2, 1943, to Feb. 20, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank R. Shea	M.D.	4100 - 2nd N.E. Wash. D.C.	2/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/23/53	NAME OF CEMETERY OR CREMATORY St. John's Cemetery	LOCATION (City, town, or county) (State) Montgomery County, Md.
DATE REC'D BY LOCAL REG. Feb. 25 1953	REGISTRAR'S SIGNATURE J. Hilton Dodd	24. FUNERAL DIRECTOR [illegible]	ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01868

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 907 Erie Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 907 Erie Ave

3. NAME OF DECEASED (Type or Print) (First) Octava (Middle) Bell (Last) Dinsmore
4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1953
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 26 1895
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Bell
14. MOTHER'S MAIDEN NAME Sarah Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Thomas M. Dinsmore 907 Erie Ave Takoma Pk. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death 6 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 2-21-53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 2-24-1953
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. Feb. 22-1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Joseph Gawler Sons, 1756 Pa. Ave N.W. Wash D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

FEB 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61869

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENSINGTON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3000 - McCOMAS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASH., D.C
STREET ADDRESS (If rural, give location): 616 - GALLATIN ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) KATE (Middle) (Last) DOYLE

4. DATE OF DEATH: (Month) FEB. (Day) 24. (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 9/28/1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PHILA., PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER BLAIR

14. MOTHER'S MAIDEN NAME: Katherine Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: RECORDS 3000 - McCOMAS AVE., KENSINGTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1
Immediate cause (a) Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO
Antecedent cause(s) (b) Chronic myocarditis - General Arteries -

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO
(c) Sclerosis - Senility

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1952, to Feb 24, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE: Wm F Greaney MD (DEGREE OR TITLE) ADDRESS: 7542 12th St New Wash 12 DC DATE SIGNED: Feb 24, 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 2/27/53

NAME OF CEMETERY OR CREMATORY: GLENWOOD CEM.

LOCATION (City, town, or county) (State): WASH., D.C

DATE REC'D BY LOCAL REG. 2/25/53

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: THE S.H HINES CO. 2901 - 14th ST. N.W., WASH, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01570

CERTIFICATE OF DEATH

Reg. Dist. No. 212

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comus — LENGTH OF STAY (in this place) 10 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Comus — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Christine (Middle) (Last) Dryburgh

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 1-1872

9. AGE last birthday: 80 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John McDonald

14. MOTHER'S MAIDEN NAME: Catherine Livingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Jack Spates, Comus, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

30 yrs

Immediate cause (a) Senility with senile dementia mild — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Colostomy secondary to mucous colitis — 1 1/2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 23 Feb., 1953, that I last saw the deceased alive on 23 Feb, 1953, and that death occurred at 11.40 p m., from the causes and on the date stated above.

SIGNATURE: Jordan M Smith — (Degree or title) M.D. — ADDRESS: Barnesville — DATE SIGNED: 24 Feb '53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: 2/27/53 — NAME OF CEMETERY OR CREMATORY: Oakland — LOCATION (City, town, or county) (State): Philadelphia, Pa.

DATE REC'D BY LOCAL REG. 2/24/53 — REGISTRAR'S SIGNATURE: Charles W. Elgin per JE

24. FUNERAL DIRECTOR: William B. Hilton — ADDRESS: Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1371

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 1319 Elson Place - Hillwood Manor

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Alice Teresa (Last) Duell

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-24-90
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Leonardtown - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thaddeus Yates
14. MOTHER'S MAIDEN NAME: Anastacia Greenwald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

		Interval Between Onset And Death
Immediate cause	(a) Intestinal obstruction	1 month
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Metastases of pelvis and liver	4 months
	DUE TO (c) Carcinoma of right ovary.	10 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abscess right pectoral region — 5 days.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952 to Feb. 25, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 4:08 A.M., from the causes and on the date stated above.

SIGNATURE Arthur R. Bergman (Degree or title) M.D. 8801 Colesville Rd. ADDRESS Silver Spring Md. DATE SIGNED 2-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/27/53 NAME OF CEMETERY OR CREMATORY Mt Olivet Cem. LOCATION (City, town, or county) (State) Washington DC.

DATE REC'D BY LOCAL REGISTRAR Feb. 25 1953 REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR J. Wm Lee's Son's Co. ADDRESS Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C1872

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1621 Dublin Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural give location) 1621 Dublin Drive.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) D. (Last) Eggleston
4. DATE OF DEATH: (Month) Feb. (Day) 24, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/16/1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months 5 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Auditor.
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt.
11. BIRTHPLACE (State or foreign country): Wash., D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James D. Eggleston
14. MOTHER'S MAIDEN NAME: Susan Colston.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY No.: 572-20-8445
17. INFORMANT & ADDRESS: Eugenia Eggleston 1621 Dublin Dr. Sil. Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno-Carcinoma, left Kidney — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerotic Heart Disease — 4 Months

19a. DATE OF OPERATION: 6/20/52
19b. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma left Kidney
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14/50, 19 , to 2/24/53, 19 , that I last saw the deceased alive on 2/24/53, 19 , and that death occurred at 2:20 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) James A. O'Keeffe Md. — ADDRESS 5315-16th St. No. Wash. DC — DATE SIGNED 2/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/26/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Pr. Geo. Co., Md.
DATE REC'D BY LOCAL REGISTRAR 2-24-53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400 Chapin St. N.W. Wash., D.C.

A. O'Keeffe

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 27 1953

01873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: DC COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING — LENGTH OF STAY (in this place): 2 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DC
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAPLE LANE NURSING HOME	STREET ADDRESS (If rural give location): 435 OAKWOOD ST

3. NAME OF DECEASED (Type or Print)	(First) HALLEY	(Middle) EDWARD	(Last) ELY	4. DATE OF DEATH	(Month) FEB. (Day) 12 (Year) 1953
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: Mar 25 1878	9. AGE last birthday: 74 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Hunter	10b. KIND OF BUSINESS OR INDUSTRY: Dealers, Foreman	11. BIRTHPLACE (State or foreign country): UNKNOWN Iowa	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: SAM ELY	14. MOTHER'S MAIDEN NAME: MARILLA SWANK				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: NURSING HOME RECORDS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) HYPERTENSIVE HEART DISEASE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION

(c) CEREBRAL HEMORRHAGE c̄ LEFT HEMIPLEGIA

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 2, 1951, to FEB. 12, 1953, that I last saw the deceased alive on FEB. 12, 1953, and that death occurred at 8:50 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lowden	M.D.	1603 19th ST. N.W. Washington, D.C.	2/12/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): REMOVAL	DATE THEREOF: FEB 16 1953	NAME OF CEMETERY ~~OR CREMATORY~~: Cedar Hill	LOCATION (City, town, or county) (State): WASHINGTON DC
DATE REC'D BY LOCAL REG.: 2/13/53	REGISTRAR'S SIGNATURE: Frances Vetter	24. FUNERAL DIRECTOR: WWC HAMBERS CO.	ADDRESS: 1400 Chapin St WASH. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural, give location) 225 DANBURY Rd.

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) (Last) FITZGERALD
4. DATE OF DEATH (Month) Feb. (Day) 28 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR. 10-1914
9. AGE last birthday 38 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER
10b. KIND OF BUSINESS OR INDUSTRY INSTRUCTOR
11. BIRTHPLACE (State or foreign country) NEW YORK NY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ALEX LEVITT
14. MOTHER'S MAIDEN NAME ANNA NACHAMOVITZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT G-FITZGERALD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF PANCREAS with METASTASES	approx 6 mo
157X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1952, to Feb. 28, 1953, that I last saw the deceased alive on Feb. 28, 1953, and that death occurred at 9 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Saul Zuckerman, M.D.
ADDRESS 1835 Eye St. N.W.
DATE SIGNED Washington D.C.

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE MAR-1-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) DETROIT MICH.
DATE REC'D BY LOCAL REG. 3/2/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR B Dawyansky & Son
ADDRESS 3500 14th St NW.

B

MAR 5

Item 21f Film G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-8

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (In this place) Boyds
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Rebecca (Last) Fox

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Sept 11 1897 | 9. AGE last birthday: 55 yrs. | If under 1 year: Months 8, Days 5 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House duties Mrs | 10b. KIND OF BUSINESS OR INDUSTRY: Home Laborer | 11. BIRTHPLACE (State or foreign country): Boyds Md. | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Harding | 14. MOTHER'S MAIDEN NAME: Mary E Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible] | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: William Harding [illegible] Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

810 Immediate cause (a) Multiple fractures extreme — Interval between onset and death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest - Head injury

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY K R Crossing | (CITY OR TOWN) Gaithersburg (COUNTY) Montg. (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 11-53 - 11 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Riding in automobile Struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Burchart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-14-53 | NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery | LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. Feb 13, 1953 | REGISTRAR'S SIGNATURE: Edward E Locke | 24. FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 21fFilm G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01576

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. — LENGTH OF STAY (in this place) #15yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Fox

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 12 1904

9. AGE last birthday: 49 yrs. — If under 1 year: Months 8, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Fox

14. MOTHER'S MAIDEN NAME: Emma Lortz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harold Lutz. Gaithersburg. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

810 X

Immediate cause (a) Multiple fractures extreme — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest - Head Injury — death

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY B & R crossing — (CITY OR TOWN) Gaithersburg — (COUNTY) Monty — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 11-53-11 P m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Riding in automobile Struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Bouchart M.D. — Gaithersburg md — 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-14-53 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg. Md.

DATE REC'D BY LOCAL REG: Feb 13, 1953 — REGISTRAR'S SIGNATURE: Alvida E. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner — ADDRESS: Gaithersburg Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01877

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
RURAL LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Route # 1

3. NAME OF DECEASED: (Type or Print) (First) (MARGRETTA) (Middle) (Last) Margaret Funston
4. DATE OF DEATH: (Month) (Day) (Year) Feb. 27 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 5, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: James Funston.
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ^ 0
16. SOCIAL SECURITY No.: 217-30-0725
17. INFORMANT & ADDRESS: Jack C. Wallace Hyattsville 1703 Lebanon St. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 28 hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerosis (Coronary) — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia - Left Lower Lobe — 10 days

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/20, 1953, to 2/27, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 2:40 P.M. 2/27/53, from the causes and on the date stated above.

SIGNATURE Merritt Cross (Degree or title) M.D. ADDRESS 8248 Georgia Ave Silver Spring Md. DATE SIGNED 2/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Beerell
DATE THEREOF 3/3/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) P.G. Co. Md
DATE REC'D BY LOCAL REGISTRAR 3/2/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR H. N. Chambers Co.
ADDRESS 5801 Cleveland Ave. Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 5 1953

Item 7 FilmG151 2/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U1878

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Zion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Furda

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH:

9. AGE last birthday: 75 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 2 days.

Immediate cause (a) Lobar Pneumonia (R.U.L) 490x

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease; Blindness

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to 2/5, 1953, that I last saw the deceased alive on 2/4, 1953, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE C. Higgins (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 2/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/9/53

NAME OF CEMETERY OR CREMATORY Montg. County Home

LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 2-9-53

REGISTRAR'S SIGNATURE Gertrude B Tawley

24. FUNERAL DIRECTOR Robt. S. Snowdon ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01879

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2895 Hartford Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Hackett (Last) GABLE
4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: August 3, 1904
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 5 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn, New York.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Woodland HACKETT
14. MOTHER'S MAIDEN NAME: Florence PURDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: Homer Franklin GABLE, Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Ruptured esophageal varices with massive hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cirrhosis of liver — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1953, to 26 Feb., 1953, that I last saw the deceased alive on Feb. 26, 1953, and that death occurred at 5:34 A.M., from the causes and on the date stated above.

SIGNATURE H. [illegible] (Degree or title) CDR MC USN, U. S. Naval Hospital, NNMC, ADDRESS Bethesda, Maryland. DATE SIGNED February 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 2, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR February [illegible], 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Simmons Brothers Funeral Home, ADDRESS 2007 Nichols Avenue S.E. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA 14 — LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5311 - ROOSEVELT ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY MONT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA 14
STREET ADDRESS (If rural, give location) 5311 - ROOSEVELT ST

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Spencer (Last) Gary

4. DATE OF DEATH (Month) Feb (Day) 24 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12/23/1870
9. AGE last birthday 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WASH., D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WM. J. SPENCER
14. MOTHER'S MAIDEN NAME EMMA DAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS PHILIP S. MOORHEAD 5311 - ROOSEVELT ST, BETHESDA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Pulmonary Edema — 19 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular-Renal Disease — 15 yrs

(c) Laennec Cirrhosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varices

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1941, to Feb 24, 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 3:07 P.m., from the causes and on the date stated above.

SIGNATURE Glen Pincock Md (Degree or title) ADDRESS 4000 - 16th St N.W. Wash. D.C. DATE SIGNED Feb 24 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2/27/53 — NAME OF CEMETERY OR CREMATORY Ivy Hill — LOCATION (City, town, or county) Alexandria Va.

DATE REC'D BY LOCAL REG. 2/25/53 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 - 14th St. N.W., Wash., D.C.

VS. A16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB

0188

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH COUNTY: MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING — LENGTH OF STAY (in this place): 27 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 744 THAYER AVE.	STREET ADDRESS (If rural, give location): 744 THAYER AVE

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) MARY (Last) GRAEVES — 4. DATE OF DEATH: (Month) FEB (Day) 12 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED — 8. DATE OF BIRTH: DEC 31 1865 — 9. AGE last birthday: 87 yrs. If under 1 year: Months 1, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE — 10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME — 11. BIRTHPLACE (State or foreign country): SLIGO SILVER SPRING — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: FIDLER, JOHN — 14. MOTHER'S MAIDEN NAME: GENTNER, MARGARET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) — — 16. SOCIAL SECURITY No. — — 17. INFORMANT AND ADDRESS: MISS PEARL GRAEVES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) CORONARY OCCLUSION — 1½ HOURS

Antecedent cause(s) (b) ANGINA PECTORIS — 1 MONTH

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ARTERIAL TENSION — 15 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NO — 19b. MAJOR FINDINGS OF OPERATION: — — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT., 1925, to FEB 12, 1953, that I last saw the deceased alive on FEB 12, 1953, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Claude W. Mitchell M.D. — ADDRESS: SILVER SPRING, MD. — DATE SIGNED: FEB 12 '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 14, 1953 — NAME OF CEMETERY OR CREMATORY: George Washington Cem. — LOCATION (City, town, or county) (State): Riggs Rd, Pr Geo Co., Md.

DATE REC'D BY LOCAL REG.: 2/12/53 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Arthur J. Walters — ADDRESS: 254 Carroll St Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61882

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 709 Ritchie Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 709 Ritchie Avenue

3. NAME OF DECEASED: (Type or Print) First: Jessie — (Middle) C — (Last) Graves

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/20/75

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): St. Mary's County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Thomas Graves

14. MOTHER'S MAIDEN NAME: Dorsella Buckler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. William L. Saunders, 709 Ritchie Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... Acute Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO Arteriosclerotic Heart Disease

(c) Generalized Arteriosclerosis

Interval Between Onset And Death

420.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1947, to 2/1, 1953, that I last saw the deceased alive on 1/26, 1953, and that death occurred at 7:32 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alan H Harding MD 113 Carroll NW Wash DC 2/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/3/53 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Alexandria, Virginia

DATE REC'D BY LOCAL REGISTRAR 2/3/53 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15

01583

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo Hts.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.	STREET ADDRESS (If rural, give location) 5328 Wapakoneta Rd.

3. NAME OF DECEASED (Type or Print) (First) EMIL (Middle) A. (Last) GRETHE				4. DATE OF DEATH (Month) Feb. (Day) 11, (Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ? 1889	9. AGE last birthday 63 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Self Emp.	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Anton Grethe			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W. 1 (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Aubrey E. Grethe- Item # 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 2-11-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-14-53	NAME OF CEMETERY OR CREMATORY Rock Creek	LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. 2/12/53	REGISTRAR'S SIGNATURE Bessie M. Pompe	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

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01884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Germantown Md — LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Germantown Md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) ABBIE (Middle) — (Last) GUE

4. DATE OF DEATH: (Month) FEB (Day) 1 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 1865

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Curtis Ashby

14. MOTHER'S MAIDEN NAME: Susanah Leamon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —

16. SOCIAL SECURITY No.: no

17. INFORMANT: Harry Ashby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 15 years

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1948, to Feb 1, 1953, that I last saw the deceased alive on JAN 31, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James F. Kerr M.D. — ADDRESS: Damascus, Md. — DATE SIGNED: 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 3 1953 — NAME OF CEMETERY OR CREMATORY: Damascus mg — LOCATION (City, town, or county) (State): Montgomery co

DATE REC'D BY LOCAL REG.: Feb 3/53 — REGISTRAR'S SIGNATURE: Delia W. Burdett — 24. FUNERAL DIRECTOR: Roy W. Barber Laytonsville Md — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11585

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 3105 Kinnette Rd.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Heany (Last) Gue

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-19-1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Government Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of Census

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Heany

14. MOTHER'S MAIDEN NAME: Mary Pilignat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ~~

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service): ~~

17. INFORMANT'S ADDRESS: Catherine M. Waldron 3105 Kinnette Rd. Ch. Ch. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial Infarction	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Arteriosclerosis	2 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 1952, to 2/11, 1953, that I last saw the deceased alive on 2/11, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ralph Wallace M.D. — ADDRESS 1801 K St. N.W. D.C. — DATE SIGNED 2/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb. 13 1953 — NAME OF CEMETERY OR CREMATORY St. Johns Cemetery — LOCATION (City, town, or county) (State) Forest Glen Md.

DATE REC'D BY LOCAL REG. 2/11/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co. 2901-14 St. N.W. Washington D.C.

VS. A15 8-51

FEB 13 1953

Items 13,14 FilmG151 2/26/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02586

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda
LENGTH OF STAY (in this place) 72 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 4801 Connecticut Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Hubbard (Last) Hallett

4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 1, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lawyer. Maritime Fed.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence Hallett

14. MOTHER'S MAIDEN NAME: Harriet Hubbard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) S.A.W. I.

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 72 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis — 5 yrs +.

DUE TO

(c)

731X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1953, to Feb 18, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 10:05 PM from the causes and on the date stated above.

SIGNATURE George Sharpe (Degree or title) M.D. ADDRESS 10644 Conn. Ave Kensington, Md. DATE SIGNED 2/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 2-19-53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 2/19/53 REGISTRAR'S SIGNATURE Essie M. Thompson

24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 1756 Pa Ave. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01887

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Poolesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Hallman

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 14, 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charlie Coach

14. MOTHER'S MAIDEN NAME: Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mamie Plummer, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44.7

Immediate cause (a) senility — Interval between onset and death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Hypertension — 3 years.
DUE TO (c) Arteriosclerotic Cardiovascular Renal disease — 3 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19 50 to Feb. 27, 19 53., that I last saw the deceased alive on Feb. 27, 19 53., and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John Fawcett M.D. ADDRESS Boyd Md. DATE SIGNED 3 March 53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE OF BURIAL 3/3/53 — NAME OF CEMETERY OR CREMATORY Poolesville — LOCATION (City, town, or county) (State) Poolesville, Md

DATE REC'D BY LOCAL REG. 3/3/53 — REGISTRAR'S SIGNATURE Charles W. Elgin

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

per D.E.

MAR 5

Item 21f Film G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

G1584

Reg. Dist. No. 2-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY in this place 31yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Upton; (Middle) David; (Last) Harding

4. DATE OF DEATH: (Month) Feb; (Day) 11; (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 23/1913.

9. AGE last birthday: 39 yrs. If under 1 year: Months 1; Days 18; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscapeing, Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Boyds. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Harding

14. MOTHER'S MAIDEN NAME: Mary Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War 2,

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ophelia Neal Harding, Gaithersburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

810X

Immediate cause (a) Multiple fractures extreme — Interval between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contusal chest - Head injury

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY RR Crossing

(CITY OR TOWN) Gaithersburg (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-11-53 - 11 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Riding in automobile Struck by Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2-14-53; NAME OF CEMETERY OR CREMATORY: Forest Oak; LOCATION (City, town, or county) (State): Gaithersburg Md,

DATE REC'D BY LOCAL REG. Feb 13, 1953; REGISTRAR'S SIGNATURE: Amelia L. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner, ADDRESS: Gaithersburg. Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2yr 9mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural, give location) Box 195

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Sagar (Last) Hart
4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-25-1863
9. AGE last birthday: 89 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: A. G. Sagar
14. MOTHER'S MAIDEN NAME: Hannah Bentley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cardiac Failure — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — years

(c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1952, to 2/4, 1953, that I last saw the deceased alive on 2/4, 1953 and that death occurred at 4:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 2/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/4/53 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Brkld Md

DATE REC'D BY LOCAL REG. 2/4/53 — REGISTRAR'S SIGNATURE: Frances Cotter — 24. FUNERAL DIRECTOR: S.H. Hines Co. - Washington D.C. ADDRESS 2401 14th St. N.W.

01890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Montgomery 1009 Sterling Road Silver Spring, Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Culpepper Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rixeyville, Va.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) CORBIN (Last) HILL
4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 28 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Culpeper Co., Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas Corbin
14. MOTHER'S MAIDEN NAME Martha Latham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Charles B Curtis 1009 Sterling Rd SS Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Disease	Week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Artero-sclerotic Heart Disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1953, to Feb 17, 1953, that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas M Harnsberger M.D. ADDRESS 4201 New Hamp. ave Nw Washington, D.C. DATE SIGNED 2/17/53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 2-19-53
NAME OF CEMETERY OR CREMATORY Amissville Baptist church
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. 2/1/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01591

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Henry (Middle) (Last) Howard

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widoer

8. DATE OF BIRTH: 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. laborer

10b. KIND OF BUSINESS OR INDUSTRY: General work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Howard

14. MOTHER'S MAIDEN NAME: Harriet Anderson

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): unk.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Acute cardiac failure — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic heart disease — 20 years

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1953, to 2/13, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. — ADDRESS: Clarksville, Md. — DATE SIGNED: 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-17-53 — NAME OF CEMETERY OR CREMATORY: Hopkins Chapel — LOCATION (City, town, or county) (State): Highland, Md

DATE RECD BY LOCAL REGISTRAR: 2-15-53 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md. — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

9159

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION — STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westmore
STREET ADDRESS (If rural, give location): Rt. 240

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Franklin	Howard	Feb. 23, 1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/ /1890	63 yrs.	1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self-emp.	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lynn Howard	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-12-1053	Edith May Howard-Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture of 5th cervical Vertebra	15 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of 4th Lumbar Vertebra	
	(c) Rupture of Spleen & Liver	

81.X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Compound Fracture Rt. Leg

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	highway	Rockville	Monty	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not While at work ☑	HOW DID INJURY OCCUR?
Feb 23-53 11 P m.		Pedestrian struck by auto

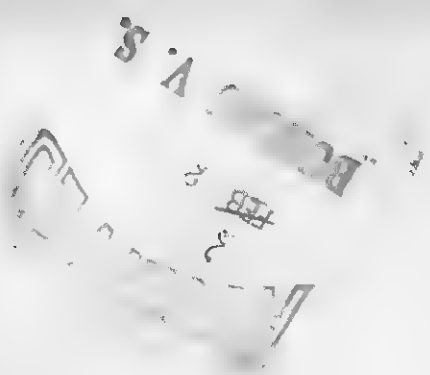
22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broxtrat	M.D	Gaithersburg Md	2-24-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/27/53	Boyds Presby. Church	Boyds	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/53	Beatrice M. Thompson	Robert A. Humphrey	Bethesda, Md.

VS. A15A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5104 Saratoga Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 5104 Saratoga Ave.,

3. NAME OF DECEASED (Type or Print): (First) BERT (Middle) SUTTON (Last) HUDSON

4. DATE OF DEATH: (Month) Feb. (Day) 10. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Feb. 7, 1878
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg.
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: William Hudson
14. MOTHER'S MAIDEN NAME: Unknown Keebler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Hazel I. Bayne, 5104 Saratoga Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Hypertensive heart disease — years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with myocardial infarction and — 3 mo

(c) intractable heart failure — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to Feb 9, 1953, that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE: C. P. Ryland M.D. (Degree or title) — ADDRESS: 4400 49th St. N.W. Washington D C — DATE SIGNED: 2-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/12/53 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Hamilton, Ont. Canada

DATE REC'D BY LOCAL REG.: 2/10/53 — REGISTRAR'S SIGNATURE: Bessie M. [illegible] — 24. FUNERAL DIRECTOR: Chevy Chase Funeral Home — ADDRESS: 5103 Wis., Ave., N.W. Washington, D.C.

3 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61891

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Of Columbia COUNTY ———
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) All States Hotel 514 19th.St. N.W.

3 NAME OF DECEASED: (Type or Print) (First) Mathilda (Middle) Emeline (Last) HUME

4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 6, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Ellenville, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph HUME

14. MOTHER'S MAIDEN NAME: Margaret GARDINER

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: ***********

17. INFORMANT & ADDRESS: SISTER: Elsie Hume DOYLE, 3 Hermance Street, Ellenville, New York.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) ... Peritonitis acute generalized DUE TO — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) perforation of bowel DUE TO — 2 days

(c) Carcinoma of Rectum — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1953, to Feb. 3, 1953, that I last saw the deceased alive on Feb. 3, 1953, and that death occurred at 4:25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. E. CARTER, LT MC USN — U. S. Naval Hospital, Bethesda, Maryland — February 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6 Feb. 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR February 4, 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons Funeral Home, 1756 N.W. Pennsylvania Avenue, Washington, D.C.

VS. A15

FEB 0
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3189

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8201 Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 8201 Flower Ave.

3. NAME OF DECEASED (Type or Print): (First) John. (Middle) J. (Last) Ireland
4. DATE OF DEATH: (Month) Feb (Day) 9, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 23, 1866
9. AGE last birthday: 86 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor — General Conf. of S.D.A.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs Mary T. Ireland — 8201 Flower Ave, Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Boschert M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 2-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF February 11, 1953 — NAME OF CEMETERY OR CREMATORY George Washington Memorial Cemetery — LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REG. Feb 9 1953 — REGISTRAR'S SIGNATURE J. Hickman Poole

24. FUNERAL DIRECTOR — ADDRESS
J. Arthur Gaetano, 254 Carroll St. NW
Takoma Park, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01896

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 9mos.12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Monroe
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rochester
STREET ADDRESS (If rural give location) 1515 Highland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Trask (Last) JAMESON
4. DATE OF DEATH: (Month) February (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: June 9, 1915
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months 5 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Percy Richard JAMESON
14. MOTHER'S MAIDEN NAME: Natalie Anna TRASK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT & ADDRESS: Mother: Natalie JAMESON, same as #2 above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Seminoma, Both testicles with metastasis — Interval Between Onset And Death 9 mo. 12 da.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

178x

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 19, 1952, to Feb. 1, 1953, that I last saw the deceased alive on Feb. 1, 1953, and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE E. M. Tomlin (Degree or title) E. M. TOMLIN, LT, MC, USN
ADDRESS U. S. Naval Hospital, Bethesda, Maryland
DATE SIGNED Feb. 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF Feb. 3, 1953
NAME OF CEMETERY OR CREMATORY Riverside Cemetery
LOCATION (City, town, or county) Rochester (State) New York

DATE REC'D BY LOCAL REGISTRAR Feb. 2, 1953
REGISTRAR'S SIGNATURE Elith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 9
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Asbury (Middle) Johnson (Last) Sr
4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 4, 1858
9. AGE last birthday 24 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Tenant
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Johnson
14. MOTHER'S MAIDEN NAME Jane Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary Johnson, Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Auricular fibrillation + decompensation — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis + myocarditis — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1930, 19__, to Feb. 6, 1953, that I last saw the deceased alive on Feb. 6, 1953 and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum (Degree or title) M.D. — ADDRESS Rockville, Md. — DATE SIGNED 2/7/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/10/53 — NAME OF CEMETERY OR CREMATORY Lincoln Park. — LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 2-10-53 — REGISTRAR'S SIGNATURE Helen L. Eckenglen — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

Item 9 Film G151 2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01898

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1886
9. AGE last birthday: ~~67~~ 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wash Dorsey
14. MOTHER'S MAIDEN NAME: Rosie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Caleb Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 446x

Immediate cause (a) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 1.30.53

DUE TO

Antecedent cause(s) (b) Hypertension

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Arteriosclerotic Nephritis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✕
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.12, 1947, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring Md. DATE SIGNED 2.3.53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE TO REC'D 2/6/53
NAME OF CEMETERY OR CREMATORY Round Oak
LOCATION (City, town, or county) (State) Spencerville, Md

DATE REC'D BY LOCAL REG. 2-6-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snoroden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

Items 2,7 FilmG151 2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1899

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place) 3 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home 3000 McComas Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY St. Pauls; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hessie (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: April 14-1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Do not use retired) Dental Hygienist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country). North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Graham

14. MOTHER'S MAIDEN NAME: Fannie Baxter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15

Immediate cause (a) DUE TO Cancer of the rt. colon with metastases to local & distal lymph nodes, liver & lung. — Interval Between Onset And Death 18 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NO

19a. DATE OF OPERATION: May 1952 — 19b. MAJOR FINDINGS OF OPERATION Same As Above — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1953, to 2-9, 1953, that I last saw the deceased alive on 2-7, 1953, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE Morris Perry (Degree or title) M.D. ADDRESS 11602 Georgia Ave. Silver Spring Md. DATE SIGNED 2-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 2-9-53 — NAME OF CEMETERY OR CREMATORY St Paul — LOCATION (City, town, or county) St Paul (State) Va

DATE REC'D BY LOCAL REGISTRAR 2-9-53 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th Washington 9 D.C.

VS. A151

RECEIVED
FEB 13
U.S.

01900

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7700 Takoma Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7700 Takoma Avenue

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) NORTON (Last) JOHNSON

4. DATE OF DEATH (Month) Feb. (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Oct. 5, 1894
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Neon Signs
11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John Medley Johnson
14. MOTHER'S MAIDEN NAME Isabella Ketchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs E. G. Kepans, 1418 Montague St. NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank O. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 10, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Feb 7 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW ADDRESS Takoma Park D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0190

Reg. Dist. No. 2 4

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12203 Charles Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12203 Charles Rd

3. NAME OF DECEASED (Type or Print) (First) Ronald (Middle) DARWOOD (Last) Justice Jr
4. DATE OF DEATH (Month) Feb (Day) 22 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-25-1952
9. AGE last birthday yrs. If under 1 year Months 3 Days 27 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wash. DC.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ronald D. Justice
14. MOTHER'S MAIDEN NAME Mary Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary Justice (mother) 12,203 Charles Road, Silver Spring Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
491X
Immediate cause (a) Trachea Bronchitis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt Broncho-pneumonia
(c)
INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brockhart (Degree or title) MD. ADDRESS Gaithersburg Md DATE SIGNED 2-22-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/25/53
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington County, Va.

DATE REC'D BY LOCAL REG. 2/25/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

9V0294V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1190

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6213 Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6213 Valley Road

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) Marlowe (Last) Kelly

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-17-1918

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: S. Russell Marlowe

14. MOTHER'S MAIDEN NAME: Maisie Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Wm. H. Kelly - Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.3

Immediate cause (a) Acute Cardiac dilatation — ½ hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Left cardiac hypertrophy — ?

(c)

19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — **ADDRESS** — **DATE SIGNED**

Frank J. Brosnan M.D — Gaithersburg, Md. — 14 February 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF**: 2-20-53 — **NAME OF CEMETERY OR CREMATORY**: Cedar Hill — **LOCATION** (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: 2/18/53 — **REGISTRAR'S SIGNATURE**: Blanche M Thompson — **24. FUNERAL DIRECTOR**: Robert L. Crumpley — **ADDRESS**: Bethesda, Md.

Item 18 Film G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Pooks Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 3 Pooks Hill

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) H. (Last) KINGSLEY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 13, 1898

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Editor

10b. KIND OF BUSINESS OR INDUSTRY: News Paper

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles B. Kingsley

14. MOTHER'S MAIDEN NAME: Hellene L. Chapin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: yes

17. INFORMANT AND ADDRESS: Hellene Kingsley- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arterioscleratic Heart Disease, — Interval Between Onset and Death: 10+ yrs.

Antecedent cause(s) Part II Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia, Bilateral, — 20 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis, Severe. — 25 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to Feb., 1953, that I last saw the deceased alive on Feb. 9, 1953 and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James W. Long, MD. 915 19th St. NW, Wash DC 2-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: 2-10-53

NAME OF CEMETERY OR CREMATORY: Cedar Hill

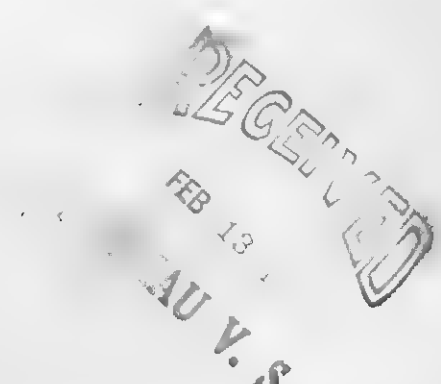
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 2-10-53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Robert G. Pumphrey

ADDRESS: Bethesda, Md.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FEB 13
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01901

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Route 1 Bel Pre Rd.

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) (Refused) (Last) Kirby
4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-17-1900
9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Auvergne, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Lippman
14. MOTHER'S MAIDEN NAME: Melissa Lance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X

Immediate cause (a) Cardiac arrest Collapse — Interval Between Onset And Death 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cholecystitis & Lithiasis — ?
DUE TO (c) Post Cholecystectomy - Lysis Adhesions

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Feb 53
19b. MAJOR FINDINGS OF OPERATION Cholelithiasis, Partial Intestinal Obstruction
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb., 1953, to 25 Feb., 1953, that I last saw the deceased alive on 25 Feb., 1953, and that death occurred at 9:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) William M Chan MD ADDRESS 915 19th St NW Wash DC DATE SIGNED 25 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/28/53
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Montgomery Co. Md.
DATE REC'D BY LOCAL REGISTRAR Feb 27 1953
REGISTRAR'S SIGNATURE J. William Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8234 Geo Ave. Silver Spring Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01905

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4700 Highland Ave

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Andrew (Last) Kirkland

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1953

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-24-'09
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Stenographer
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Daniel Kirkland
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mrs Grace Baker Kirkland-Item#2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-25-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

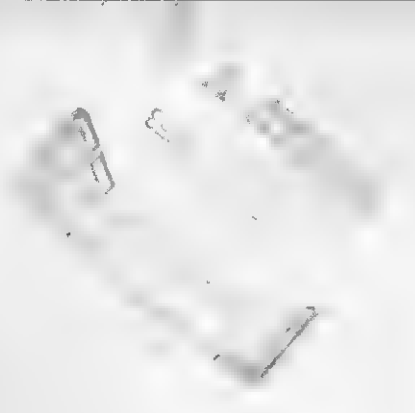
DATE REC'D BY LOCAL REG. 3-6-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder per LVA.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Mary

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

S.A.5A



M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01906

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 Sherman Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 121 - Sherman ave
STREET ADDRESS (If rural, give location) Takoma Park Md

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Caddick (Last) Koehl
4. DATE OF DEATH (Month) Feb (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 25 May 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Govt
11. BIRTHPLACE (State or foreign country) Elicott City Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Koehl
14. MOTHER'S MAIDEN NAME Hettie Caddick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212 12 9469
17. INFORMANT AND ADDRESS Irene Marie Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) asphyxia following edema naso-pharynx-larynx	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) and trachea (Intensive X ray reaction)	9 months
	(c) Carcinoma floor of mouth, tongue and Parotid	1 yr

147.8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION Intensive X ray beginning May 25, 1952
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1952, to 7 Feb, 1953, that I last saw the deceased alive on 6 Feb, 1953, and that death occurred at 6 am m., from the causes and on the date stated above.

SIGNATURE Thomas E Mattingly, M.D. (Degree or title) 2200 R.I. ave N.E. ADDRESS Wash. 18, D.C. DATE SIGNED 7 Feb. 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/9/53
NAME OF CEMETERY OR CREMATORY Hook Lincoln
LOCATION (City, town, or county) (State) Beddensburg Md

DATE REC'D BY LOCAL REG. Feb. 7 1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Deal - Funeral Home ADDRESS 4512 Galloway Wash. D.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0190

Reg. Dist. No. 2-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Joseph (Last) Kuster

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, or DIVORCED (Specify): married | 8. DATE OF BIRTH: June 6 1921 | 9. AGE last birthday: 31 yrs. | If under 1 year: Months 8 Days 3 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Works | 10b. KIND OF BUSINESS OR INDUSTRY: Labor | 11. BIRTHPLACE (State or foreign country): Boyds. Md. | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Elmer Kuster | 14. MOTHER'S MAIDEN NAME: Annie Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: For A Short Time | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Eleanor Louise Kuster, Gaithersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

802X

Immediate cause (a) Multiple fractures extreme — Instan

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest - Head injury — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY R.R. crossing | (CITY OR TOWN) Gaithersburg | (COUNTY) Montg. | (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 11-53-11 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Struck by Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg Md. DATE SIGNED: 2-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2-14-53 | NAME OF CEMETERY OR CREMATORY: Clarksburg Cemetery | LOCATION (City, town, or county) (State): Clarksburg. Md.

DATE REC'D BY LOCAL REG. Feb 13 1953 | REGISTRAR'S SIGNATURE: Edward L. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. | ADDRESS: Gaithersburg. Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01908

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3516 - 34th Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Thomas Littleton

4. DATE OF DEATH: (Month) (Day) (Year) February 17 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 4, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Credit manager
10b. KIND OF BUSINESS OR INDUSTRY: Clerical
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Littleton
14. MOTHER'S MAIDEN NAME: Elizabeth Ritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-10-4691
17. INFORMANT & ADDRESS: Alice A. Littleton - wife 3516 - 34th St. N.W., Wash., D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
153X Immediate cause	(a) DUE TO	Coronary thrombosis, acute	3 hrs.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Carcinoma of Cecum	9 mo.
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-5-53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1952, to Feb. 17, 1953, that I last saw the deceased alive on Feb. 17, 1953, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo M. Curtis, M.D. ADDRESS 5707 Wisconsin ave. DATE SIGNED Feb. 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/20/53 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/18/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14 st. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01909

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 2 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 4923 St. Elmo Avenue

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) LeRoy (Last) Lochte

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 26, 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 4 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lochte

14. MOTHER'S MAIDEN NAME: Sarah Gingell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-14-3203A

17. INFORMANT & ADDRESS: Lenna B. Lochte - 4923 St. Elmo Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis — Interval Between Onset And Death: 5-6 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Volvulus, Jejunum — 5-6 hours

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 4-5 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1951, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert B. Craig M.D. — ADDRESS: 5019 Bethesda Ave Bethesda Md — DATE SIGNED: Feb 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/5/1953 — NAME OF CEMETERY OR CREMATORY: St. Mary's — LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/10/53 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert H. Dunphrey — ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01910

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
RURAL LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3000 Tilden St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) T. (Last) Long

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 7 1887
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Tisinger
14. MOTHER'S MAIDEN NAME: Sara Bowman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: [illegible] Tilden St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Conjective cardiac failure — Interval Between Onset And Death: 3 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary artery disease; Coronary occlusion & myocardial infarction July 30 1951 — 19 mo.

DUE TO (c) Renal decompensation — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Death Feb. 25 1953 PM
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1951, to Feb 25, 1953 that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 9:22 PM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD
ADDRESS 1736 Eye St N.W.
DATE SIGNED 2/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/28/52
NAME OF CEMETERY OR CREMATORY Ft. Ferson Washington 6 DC
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REGISTRAR 2/26/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible] Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3/2 ... 3
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY Waverley Sanitarium Rockville, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville; LENGTH OF STAY (in this place) 8 yrs. 6 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium Rockville, Md. - Rural	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) G. (Last) Ludewig				4. DATE OF DEATH (Month) February (Day) 9th (Year) 1953	
5. SEX male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 12-1-1861	9. AGE last birthday 91 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Agent & Producer	10b. KIND OF BUSINESS OR INDUSTRY Scientific Instrument		11. BIRTHPLACE (State or foreign country) Detroit, Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Joseph Ludewig			14. MOTHER'S MAIDEN NAME Louisa Rheinhardt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Joseph W. Ludewig Suwanee, Pa		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Bronchopneumonia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis: cerebral hemorrhage	10 years
	(c) Chronic myocardial insufficiency	4 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 9, 1953, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wheeler O. Huff M.D. ADDRESS 4529 Maple Ave. Bethesda, DATE SIGNED Feb. 9-1953 md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-12-53	NAME OF CEMETERY OR CREMATORY Glenwood Cem.	LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 2/10/53	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible] Wash., D.C. [illegible]

FEB 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0191

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS — 203 Lincoln Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 203 Lincoln ave

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Maude (Last) Marshall

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 13, 1878

9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chardon, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Johnson

14. MOTHER'S MAIDEN NAME: Matilda Frish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Daughter Mrs. Ruth March 203 Lincoln Ave Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

493x

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1½ hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Resulting pneumonia	3 wks
	DUE TO (c) Respiratory Failure	1½ hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1953, to Feb 24 1953, that I last saw the deceased alive on Feb 24, 1953, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE, DEGREE OR TITLE, ADDRESS: Philip C. Jones, M.D. 918 Ellsworth Drive Silver Md. DATE SIGNED 2-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 26, 1953

NAME OF CEMETERY OR CREMATORY: George Washington Cemetery

LOCATION (City, town, or county): Prince Georges County, (State) Md.

DATE REC'D BY LOCAL REG.: Feb 25 1953

REGISTRAR'S SIGNATURE: J. Hutchison Dodd

24. FUNERAL DIRECTOR: J. Arthur Walters, ADDRESS: 254 Carroll St. NW Washington 12. D.C.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3913

Reg. Dist. No. 216

18-20 wks
weight - 1lbs 2oz.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 7800 Wisconsin Ave

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) GIRL (Last) McCLURE

4. DATE OF DEATH: (Month) FEB. (Day) 3 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2/2/53

9. AGE last birthday: yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours 5; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JEROME DOUGLAS McCLURE

14. MOTHER'S MAIDEN NAME: Mattie L. BAXTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: FATHER - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Brain Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (4 1/2 months)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2 ., 1953, to 2/3, 1953, that I last saw the deceased alive on 2/2 ., 1953, and that death occurred at 12:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. [illegible] Rd 2/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/4/53 NAME OF CEMETERY OR CREMATORY Suburban Hospital LOCATION (City, town, or county) (State) Bethesda, Md.

DATE REC'D BY LOCAL REG. 2/5/53 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Amelia Manzy, Supt.

VS. A15

1023293190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0191

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 30 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital Takoma Park, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 1135 16th St N W

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Patrick (Last) McGovern
4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 1-24-77
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired lawyer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York city, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James McGovern
14. MOTHER'S MAIDEN NAME: Katherine Kelly
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Span. Amer. W.W.I.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: Jan 26 1953

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis and — years

DUE TO

(c) arterial hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia terminal — 3 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1943, to Feb 15, 1953, that I last saw the deceased alive on Feb 14, 1953, and that death occurred at 2:57pm Feb 15 1953, from the causes and on the date stated above.

SIGNATURE Gwen H. Traum (Degree or title) MD ADDRESS 8237 Georgia Ave Silver Spring Md DATE SIGNED Feb 15 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-18-1953 NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem. LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REGISTRAR 2/15/53 REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR P. J. Saffell - 475 - H St. N.W. Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1915

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2330 20th St NW

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) F (Last) McLachlen

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 8 1864

9. AGE last birthday 88 yrs. If under 1 year Months. If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mt. Gilead Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John William Van Hom

14. MOTHER'S MAIDEN NAME Eliza Godman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS L. P. McLachlen, 1001 G St. N.W. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive failure	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, chronic	6 months
	(c) Congestive heart failure	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to 5 Feb, 1953, that I last saw the deceased alive on 4 Feb, 1953, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr (Degree or title) MD ADDRESS 5029 Bethesda Ave. Beth Md DATE SIGNED 5 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/7/53 NAME OF CEMETERY OR CREMATORY Glenwood Cem. LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 2/6/53

REGISTRAR'S SIGNATURE Diana M. Humphrey

24. FUNERAL DIRECTOR Joseph Charles Sons ADDRESS 756 6th St. NE. Wash. D.C.

FEB 9 1

MARYLAND STATE DEPARTMENT OF HEALTH

01916

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 8 O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 326 E. Monty Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) W. Montrose Rd

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Stanley (Last) McRoy

4. DATE OF DEATH (Month) Feb (Day) 5 (Year) 1953

5. SEX male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 12-10-1952
9. AGE last birthday ✓ yrs. If under 1 year Months 1 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James McRoy
14. MOTHER'S MAIDEN NAME Georgia C. Hebron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Georgia C McRoy (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
500X Immediate cause	(a) Treacho-bronchitis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosnahan M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 2/7/53 NAME OF CEMETERY OR CREMATORY Haile LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REG. 2-12-53 REGISTRAR'S SIGNATURE Helen L. Eckenfelder 24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

20V2214291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0191

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Virginia (Last) Meek
4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 8-21-1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NSW8
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Patton
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	30 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. Hypochromic anemia severe Months b. Rheumatoid arthritis Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1953, to Feb. 16, 1953, that I last saw the deceased alive on Feb. 15, 1953, and that death occurred at 9.00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace N. Mook M.D. ADDRESS 7701 Carroll Ave. Takoma Pk. Md. DATE SIGNED 2-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF FEB 20, 1953 NAME OF CEMETERY OR CREMATORY WEST LAWN, CEMETERY LOCATION (City, town, or county) OMAHA, (State) NEBR.
DATE REC'D BY LOCAL REGISTRAR Feb. 16-1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5425 Harwood Road

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Louise (Last) MICKELSEN

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 23, 1912

9. AGE last birthday: 40 yrs.

IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min. 0 — 29

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Perth Amboy, New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry A. NIELSEN

14. MOTHER'S MAIDEN NAME: Nicoline DAHLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Olaf MICKELSEN
Husband: Same as 2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Intracerebral hemorrhage, massive — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953, to Feb. 22, 1953, that I last saw the deceased alive on Feb. 22, 1953, and that death occurred at 2:27 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) H. E. Reitz, CDR MC USN — ADDRESS U. S. Naval Hospital NNMC Bethesda Maryland — DATE SIGNED February 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Feb. 23, 1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince Georges County, Maryland

DATE REC'D BY LOCAL REGISTRAR: February 24, 1953 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS: R.A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1919

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emory Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Emory Grove

3. NAME OF DECEASED (Type or Print) (First) Nedria (Middle) NADINE (Last) MILLARD

4. DATE OF DEATH (Month) Feb (Day) 15 (Year) 1953

5. SEX Fe
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-24-52
9. AGE last birthday ✓ yrs. If under 1 year Months 3 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.C.

13. FATHER'S NAME Rufus Dent
14. MOTHER'S MAIDEN NAME Augusta Millard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Augusta Millard (Mother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause (a) Broncho-pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brouchart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/18/53
NAME OF CEMETERY OR CREMATORY Emory Grove,
LOCATION (City, town, or county) Emory Grove, Md (State)

DATE REC'D BY LOCAL REG. Feb 19, 1953
REGISTRAR'S SIGNATURE Aerida L. Cooke
24. FUNERAL DIRECTOR Robert L. Snowden-Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

2002181403

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1920

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 3800 Randolph Road

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) Leroy (Last) MILLER

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28, 1908

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months 6 Days — IF UNDER 24 HRS.: Hours Min. 9

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Idana, KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Perry MILLER

14. MOTHER'S MAIDEN NAME: Patience CAULDWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Mary Orr MILLER, same as #2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis, bilateral, pulmonary — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Toxemia, postoperative — 3 days

DUE TO (c) Adenocarcinoma, ascending colon — 1 yr.

1537

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-3-53

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, ascending colon

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1953, to Feb. 7, 1953, that I last saw the deceased alive on Feb. 7, 1953, and that death occurred at 8:10 AM, from the causes and on the date stated above.

SIGNATURE M. J. Gerber (Degree or title) — ADDRESS — DATE SIGNED

M. J. GERBER, CDR MC USN — U. S. Naval Hospital, Bethesda, Maryland — Feb. 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 11, 1953

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: February 7, 1953

REGISTRAR'S SIGNATURE: Elsie Littlington

24. FUNERAL DIRECTOR — ADDRESS: R. A. Pumphrey Funeral Home, 7551 Wisconsin Ave., Bethesda, Maryland

VS/A15

FEB 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02351

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4414 Randolph Rd Vine mill Village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 4414 Randolph Road

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) E (Last) Milligan

4. DATE OF DEATH (Month) Feb (Day) 19 (Year) 1953

5. SEX? Usual

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 2/15/1900

9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Treasury Dept.

10b. KIND OF BUSINESS OR INDUSTRY U.S. Government

11. BIRTHPLACE (State or foreign country) Buckhannon, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph Smith

14. MOTHER'S MAIDEN NAME Minnie Neff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr. Thomas B. Neff, 820 Hallwood Road Falls Church, Virginia

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead at home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 2/24/53 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. 2/23/53 REGISTRAR'S SIGNATURE Frances [illegible]

24. FUNERAL DIRECTOR Warner E. Lumsdon ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0192

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - OLNEY
LENGTH OF STAY (in this place) 20 yrs (?)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - OLNEY
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) HILTON (Last) MILTON

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: unknown

9. AGE last birthday: about 85 yrs. or more
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM HAND

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Thomas Gant - no relation

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

792X

Immediate cause (a) Uremia — Interval Between Onset and Death: 6 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 6, 1953, to Feb 13, 1953, that I last saw the deceased alive on Feb 9, 1953 and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard A Yates M.D
ADDRESS: OLNEY, Md
DATE SIGNED: Feb. 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: FEB 16 1953
NAME OF CEMETERY OR CREMATORY: Mt Zion md
LOCATION (City, town, or county) (State): Monty Co Md

DATE REC'D BY LOCAL REG: 2-16-53
REGISTRAR'S SIGNATURE: Eustace B Lowe

24. FUNERAL DIRECTOR: Roy W Barber
ADDRESS: Poolesville Md

01922

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY ~~109 Williamsburg~~ Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 109 Williamsburg Dr.

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) M. (Last) Moore

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 30, 1868
9. AGE last birthday: 84 ~~85~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cadiz Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Beatty Carrothers
14. MOTHER'S MAIDEN NAME: Ailsa Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Mary V. McCarity 109 Williamsburg Dr. Silver Springs Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
163X Immediate cause	(a) Hypostatic Pneumonia (Bronchial) c̄ pulmonary edema	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of Lung c̄	7 yrs
	DUE TO (c) Metastases	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1943, to Feb 4, 1953, that I last saw the deceased alive on 2/4/~~1953~~ 30 P.M., 1953 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jack Coppos M.D. ADDRESS 4316 14th NW - D.C. — DATE SIGNED 2/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-7-53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 2/6/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 14th St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01923

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Californi COUNTY San Diego
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Mesa
STREET ADDRESS (If rural give location) [illegible] Lemon Avenue

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Kathryn (Last) MORRELL
4. DATE OF DEATH: (Month) February (Day) 24, (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 28, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 4 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fremont, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjaman F. STOUFFER
14. MOTHER'S MAIDEN NAME: Leni L. SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Son: Rivers J. MORRELL, Jr. 3305 Holly Street, Alexandria, Virginia.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Uremia — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Metastatic Carcinoma (Ureter) — 7 days

DUE TO

(c) Carcinoma Rt Breast — 11 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1953, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) L. E. [illegible], CDR MC USN, ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED February 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation-Removal
DATE THEREOF Feb. 24, 1953
NAME OF CEMETERY OR CREMATORY Pierce Brothers Crematorium
LOCATION (City, town, or county) Los Angeles, California. (State)
DATE REC'D BY LOCAL REGISTRAR February 24 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R. A. Pumphrey, Funeral Home, ADDRESS 7557 Wisconsin Avenue Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 17-Pine Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Fairfax; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna; STREET ADDRESS (If rural, give location) R.F.D. # 4

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) CHARLOTTE (Last) MOULTON

4. DATE OF DEATH: (Month) February (Day) 10 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 18-1863

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Potter

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, viral — Interval Between Onset and Death: 7-10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral arteriosclerosis - Thrombosis of cerebral vessels — 2-3 yrs

(c) Arteriosclerosis Heart disease — 10+ 15 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Last 10, 19..., to 2/10/..., 19..., that I last saw the deceased alive on 2/10/..., 19..., and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE: J. Wilson Holden (Degree or title) M.D. ADDRESS 500 Indiana Ave. N.W. DATE SIGNED Feb. 12, 1953

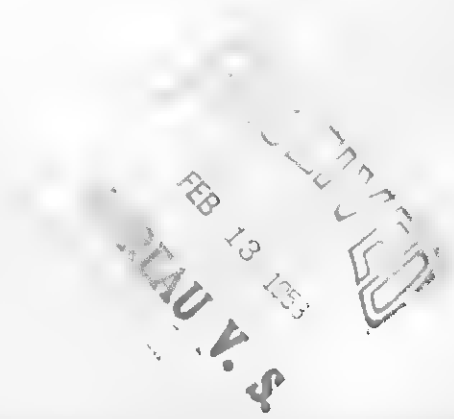
23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb-13-1953 — NAME OF CEMETERY OR CREMATORY: National Memorial Park — LOCATION (City, town, or county) (State): Falls Church, Va.

DATE REC'D BY LOCAL REG.: Feb. 10 1953 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: Arthur Walters — ADDRESS: 254-Takoma Park

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


FEB 13 1953
U. S.

01925

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sarah St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Seven Locks Rd

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Taft (Last) Newman
4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1953
5. SEX Male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 2-5-1912
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Building contractor
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Phil Newman
14. MOTHER'S MAIDEN NAME Cora
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure
322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Alcoholism + exposure
(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on side street

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Brockhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/27/53
NAME OF CEMETERY OR CREMATORY First Baptist Church
LOCATION (City, town, or county) Luckells, Va. (State)
DATE REC'D BY LOCAL REG. 2-27-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder per LVA.
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

FEB 2 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

91326

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooks Ave - Extended

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Brooks Ave - Extended

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Blanch (Last) Nicholson
4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7-13-1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm C. Saffell
14. MOTHER'S MAIDEN NAME Ruth Ann Burriss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wm Nicholson - Gaith. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4224 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Fran L J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-11-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-13-53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REG. Feb 13, 1953
REGISTRAR'S SIGNATURE Alsuda G. Cooke
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0192

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8500 Flower Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural give location): 1304 Tuckerman St., N. W.

3. NAME OF DECEASED: (First) WALTER (Middle) O. (Last) NORWOOD (Type or Print)

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 14, 1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Grocery Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Norwood

14. MOTHER'S MAIDEN NAME: Eleanor M. Lawton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-07-1787

17. INFORMANT & ADDRESS: Mrs. J. Neill Ryan, 407 Schuyler Rd., S.S., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause (a) Arteriosclerotic Heart Disease (with Cardiac decompensation)
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Emphysema
Emphysema
(c)

Interval Between Onset And Death: 6 mo. years.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Jan, 19 53 to 16 Feb., 19 53, that I last saw the deceased alive on 16 Feb., 19 53 and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene Nash M.D. ADDRESS: 8801 Calesville Road, Silver Spring, Md. DATE SIGNED: 16 Feb '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 18, 1953
NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: Feb 16 1953
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: Warner E. Pumphrey, ADDRESS: Silver Spring, Md.

VS. A15

FEB 18 19
LIBRARY V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Monta
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Offutt

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2.14.1909

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gen Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herbert Offutt

14. MOTHER'S MAIDEN NAME: Elizabeth Carter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218122949

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

414X

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 2 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic myocarditis — 5 yrs
DUE TO (c) Rheumatic valvulitis — 20 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1952 to Feb 7, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 1:10 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur Bryant M.D. Sandy Spring Md. 2/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Feb 10, 1953 NAME OF CEMETERY OR CREMATORY Brookeville Cem. LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 2-9-53 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Brookeville Md

VS. A15

FEB 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 416 Dorset Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROY	NASSEY	PALMER	Feb.	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Jan. 21, 1879	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S. Public Health	D.C.	

13. FATHER'S NAME: Samuel C. Palmer

14. MOTHER'S MAIDEN NAME: Suzanna Claxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Theodosia W. Palmer, 416 Dorset Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
527.1 Immediate cause	(a) Bronchopneumonia	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Pulmonary Emphysema	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1943, to Feb 17, 1953 that I last saw the deceased alive on Feb 15, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frederic D Chapman M.D.	1834 Eye St. NW Washington D.C.	Feb 17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Feb. 17, 1953	Cedar Hill Cemetery	Suitland Rd., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/53	[illegible]	Chevy Chase Funeral Home	5103 Wis., Ave., N.W. Washington, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB
V. 8

01930

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4405 Stanford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4405 Stanford St.

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) C. Hamlin (Last) PARKER

4. DATE OF DEATH (Month) Feb. (Day) 23, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 4-20-1871
9. AGE last birthday 81 yrs. If under 1 year Months 10 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting
10b. KIND OF BUSINESS OR INDUSTRY Self Emp.
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Hamlin
14. MOTHER'S MAIDEN NAME Ella Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Grace M. Smith-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4201 Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c) hypertention	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-23-53

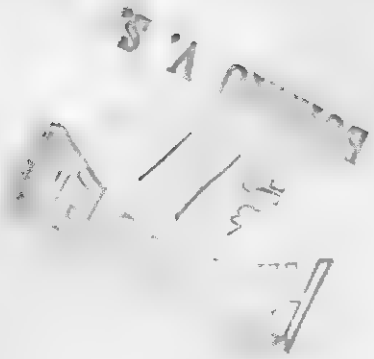
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/26/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George Md.

DATE REC'D BY LOCAL REG. 2/27/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



Item 8 FilmG151 2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0193

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 15 hrs. 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10209 Big Kak Road

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Carl (Last) Pedlar

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 7, 1884

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): writer and artist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Kaleb Pedlar

14. MOTHER'S MAIDEN NAME: Elizabeth J. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 1942-1945

16. SOCIAL SECURITY NO.: 197-07-7792

17. INFORMANT AND ADDRESS: Gail Pedlar - 10209 Big Kak Road, S.S.md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shock	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dissecting Abdominal aortic Aneurysm	18 hours
	(c) Marked atheromatous aortitis	10 years +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1953, to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

SIGNATURE: Wm Travis Gibb Jr M.D. (Degree or title) ADDRESS: 9700 Beachill Drive, Kensington DATE SIGNED: Feb 3 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Feb 4 1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 2/4/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Joseph F. Birch Sons — ADDRESS: 3034 M. St. N.W. Wash. D.C.

Wm Travis Gibb, Jr. M.D.

4-21

MARYLAND STATE DEPARTMENT OF HEALTH

0193?

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7816 Tilbury St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda; STREET ADDRESS (If rural, give location): 7816 Tilbury St.

3. NAME OF DECEASED (Type or Print): (First) Gerald (Middle) K. (Last) PHELAN

4. DATE OF DEATH: (Month) Feb. (Day) 3rd (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 25, 1922

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Self. Emp.

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: D. Leo Phelan

14. MOTHER'S MAIDEN NAME: Mary E. Sugar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 383-20-2991

17. INFORMANT AND ADDRESS: Rosemary Phelan- Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.9 Immediate cause (a) Asphyxia due to tracheo-bronchitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and vomitus

(c)

INTERVAL BETWEEN ONSET AND DEATH: SUDDEN DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ XXXX

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* X, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Fred J. Burchart (Degree or title) M.D. ADDRESS: Gaithersburg, Md. DATE SIGNED: Feb. 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2-6-53 NAME OF CEMETERY OR CREMATORY: Arlington National LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 2/10/53 REGISTRAR'S SIGNATURE: Jessie M Thompson

24. FUNERAL DIRECTOR: Robert A Humphreys ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 809 Islington St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Springs
STREET ADDRESS (If rural give location) Rural - Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) T. (Last) Pickett

4. DATE OF DEATH: (Month) Feb (Day) 15 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12-6-1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Supt. State Rd. Comm.

10b. KIND OF BUSINESS OR INDUSTRY: Road Gang

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Pickett

14. MOTHER'S MAIDEN NAME: Amanda Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Ernest L. Pickett, Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis — Interval Between Onset And Death: years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis Generalized — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

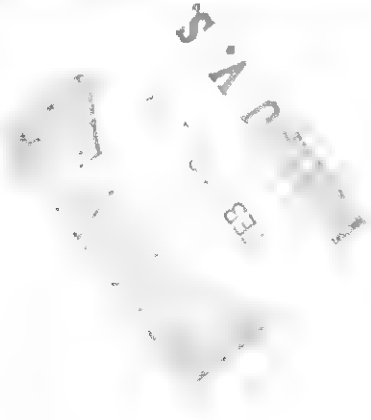
22. I hereby certify that I attended the deceased from March 21, 1952, to February 15, 1953, that I last saw the deceased alive on February 14, 1953, and that death occurred at 1:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Aaron H. Kraum MD — ADDRESS 8237 Georgia Ave Silver Spring Md — DATE SIGNED Feb 15 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-16-1953 — NAME OF CEMETERY OR CREMATORY Poplar Springs — LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/17/53 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR C. M. Walz, Winfield Md. — ADDRESS

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

0193!

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) A Genathe (Last) Pittman
4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1953
5. SEX Fe
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-16-1869
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Pittman
14. MOTHER'S MAIDEN NAME Sarah Hess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Roda Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-15-53 NAME OF CEMETERY OR CREMATORY Big Cove Tannery Pa LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Feb. 13, 1953 REGISTRAR'S SIGNATURE Charles W. [illegible]
24. FUNERAL DIRECTOR W B Hilton ADDRESS Barnesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEB 16 1
DEPT. OF JUST. U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01935

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1725 Minnesota Avenue, S. E.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Henry (Last) POND

4. DATE OF DEATH: (Month) February (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 7, 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 02 Days 09 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: CivilServiceEmploye
11. BIRTHPLACE (State or foreign country): Greene, NEW HAMPSHIRE
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Levi POND
14. MOTHER'S MAIDEN NAME: Rose PITCHER

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: - - - - - - - -
17. INFORMANT & ADDRESS: Wife: Alice Johnson POND, Same as #2, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary edema	24 hrs.
	DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Uremia	72 hrs.
	DUE TO		
	(c)	Carcinoma of colon	2 years +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1953, to Feb. 16, 1953, that I last saw the deceased alive on Feb. 16, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE M. B. Pullman (Degree or title) MC, USN ADDRESS U. S. Naval Hospital, Bethesda, Maryland DATE SIGNED Feb. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 19, 1953
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Feb. 16, 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR Lee Funeral Home, 4th & Massachusetts Ave., N. E., Washington, D. C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

FEB
BJKED V. 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1936

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural

LENGTH OF STAY (in this place): 30 minutes

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Virginia — COUNTY: Fairfax

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Falls Church

STREET ADDRESS (If rural give location): 1420 Franklin Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Baby	Girl	POWELL	February 27 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	Single	February 27, 1953	0 yrs.	0	0	1	0

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Washington, D.C.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
"J" "B" Powell	Lila Mae Woodward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Father: "J" "B" Powell same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

7573

Immediate cause (a) DUE TO: Multiple congenital abnormalities — Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	No	Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	CITY OR TOWN	(COUNTY)	(STATE)
No		Bethesda	Montgomery	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Feb., 1953, to 27 Feb., 1953, that I last saw the deceased alive on 27 Feb., 1953, and that death occurred at 1145 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jerome Sunberg	LT MC USN	Naval Dispensary Navy Dept. Wash DC	27 Feb 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Feb. 28, 1953	Naval Medical School, NNMC,	Bethesda, Maryland.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 27, 1953	Elsie Whittington	Naval Medical School, NNMC,	Bethesda, Maryland.

VS. A15

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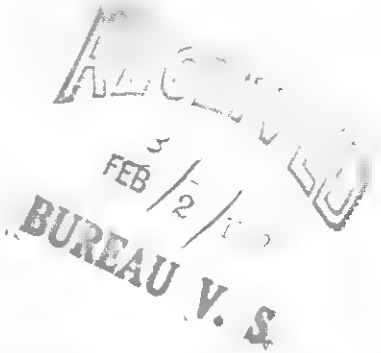
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02352
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, rural
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Col. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 309 North Carolina Avenue S.E.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Payton (Last) Powell
4. DATE OF DEATH: (Month) February (Day) 27 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: February 28 1914
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months 11 Days 2 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver
11. BIRTHPLACE (State or foreign country): Tifton, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Powell
14. MOTHER'S MAIDEN NAME: Mattie Jane Redding
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother: Mattie Jane Reddin, Sanford, Florida.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
260X Immediate cause	(a) Peripheral vascular collapse	
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Diabetic Acidosis	4 days
DUE TO		
	(c) Diabetes Mellitus	2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lobar Pneumonia — ½

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26,1953, to Feb. 27, 1953, that I last saw the deceased alive on Feb. 27, 1953, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE William T. Hall (Degree or title) — ADDRESS — DATE SIGNED

N. T. Hall, LTJG MC USNR, U.S.Naval Hospital, NNMC, Bethesda, Maryland, February 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 4, 1953 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia. (State)

DATE REC'D BY LOCAL REGISTRAR February 27, 1953 — REGISTRAR'S SIGNATURE Edith Livingston

24. FUNERAL DIRECTOR — ADDRESS: Chambers Funeral Home, 317 11th Street S.E. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01937

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgo. Md. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jerry (Middle) Randolph (Last) Pugh

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3-19-1888
9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) CARPENTER.
10b. KIND OF BUSINESS OR INDUSTRY: Log Work
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Pugh
14. MOTHER'S MAIDEN NAME: Eliza Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) n (If Yes, give war or dates of service) n
16. SOCIAL SECURITY No.: 559-01-6041
17. INFORMANT & ADDRESS: Myrtie Pugh Germantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0 Immediate cause (a) Gastric Hemorrhage — Interval Between Onset And Death: 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Peptic ulcer — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: L
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4/ ,1953, to 2/9/ ..., 1953, that I last saw the deceased alive on 2/8/ , 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE J.M.B. (Degree or title) M.D. ADDRESS Sandy Spring M DATE SIGNED 2/9/53

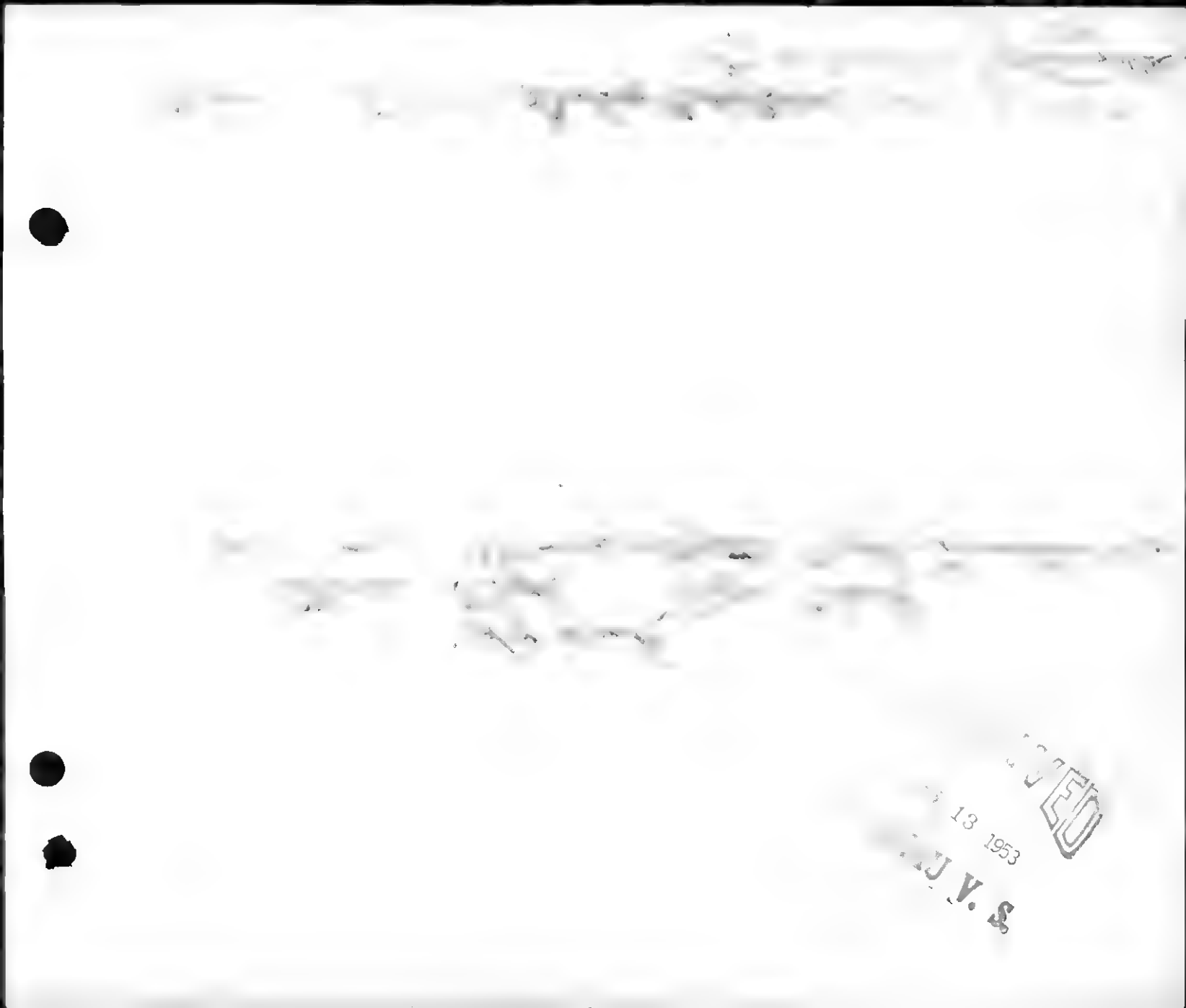
23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 10 1931 | NAME OF CEMETERY OR CREMATORY Salem Cedar Grove | LOCATION (City, town, or county) Montg Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-9-53 | REGISTRAR'S SIGNATURE Gertrude B Lawler | FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01938

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quince Orchard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quince Orchard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) J. (Last) Richs

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 23, 1864
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Richs
14. MOTHER'S MAIDEN NAME: Martha Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 334X

Immediate cause (a) Apoplexy
DUE TO
Antecedent cause(s) (b) Hypertension
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1952, to Feb 6, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE B. Monroe Shirley MD (DEGREE OR TITLE) ADDRESS DATE SIGNED Feb 7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/8/53
NAME OF CEMETERY OR CREMATORY Quince Orchard
LOCATION (City, town, or county) Quince Orchard, Md (State)

DATE REC'D BY LOCAL REG. 2-12-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 13 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01939

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville, R.F.D
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville-R.F.D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dewey (Middle) Winey (Last) Roberts

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27-1898

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Active farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cattle farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Dewey J Roberts

14. MOTHER'S MAIDEN NAME: Cornelia Wallen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 228-26-9222

17. INFORMANT AND ADDRESS: Basil Roberts, Poolesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ — Interval between onset and death: death

(c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brosehart M.D

ADDRESS: Gaithersburg md

DATE SIGNED: 2-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 21-53

NAME OF CEMETERY OR CREMATORY: Mt Olivet

LOCATION (City, town, or county) (State): Frecerick, Md

DATE REC'D BY LOCAL REG.: Feb 19 1953

REGISTRAR'S SIGNATURE: Charlotte [illegible]

24. FUNERAL DIRECTOR: William B. Hilton

ADDRESS: Barnesville, Md

RECEIVED
FEB 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

011340

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Sunnyside Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crown Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	Averill	Russell	Feb.	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	11/12/68	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Crown Point, New York	U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Helen Chapel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Louise M. Russell, 9 Sunnyside Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis Right Popliteal Artery — 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1953, to 2-6, 1953, that I last saw the deceased alive on 2-5, 1953, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE: L. B. Snow (Degree or title) M.D. ADDRESS: Silver Spring, Md. DATE SIGNED: 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	2/7/53	White Church Cemetery	Crown Point, New York

DATE REC'D BY LOCAL REG. 2-9-53 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: Funeral Inc. above | ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

FEB 13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0194

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Our Lady of Lourdes Catholic Church

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4606 Walsh St.

3. NAME OF DECEASED (Type or Print) (First) MICHAEL (Middle) J. (Last) RYAN
4. DATE OF DEATH (Month) Feb. (Day) 25, (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-21-1884
9. AGE last birthday 68 yrs. If under 1 year Months 9 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Coast Guard
10b. KIND OF BUSINESS OR INDUSTRY U.S. Coast Guard
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Michael J. Ryan
14. MOTHER'S MAIDEN NAME Mary Nash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I&II
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Marie V. Ryan-Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronchart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-2-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 2/27/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEB
U. S.

01942

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (In this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital (DOA)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tokoma Park
STREET ADDRESS (If rural, give location): 7809 Wildwood Drive

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) (Last) SATER

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/24/1877

9. AGE last birthday: 75 yrs. If under 1 year: Months 1 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Messina, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Marion Gaines

14. MOTHER'S MAIDEN NAME: Mary Belle Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Thomas Chandler-Poolesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thoracic hemorrhage due to contusion — Interval Between Onset and Death: few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest - Ruptured Heart

(c) Rupture of spleen

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway (CITY OR TOWN): Clarksburg (COUNTY): monty (STATE): md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Feb-4-53 - 3 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 2-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): [redacted]-transit — DATE THEREOF: 2/9/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Henry Co. Iowa

DATE REC'D BY LOCAL REG. 2/10/53 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: New London, Roberts A. Humphrey — ADDRESS: Bethesda, Md.

FEB 13 1953

01943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Md
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 5310 Belt Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) K (Last) Shoemaker
4. DATE OF DEATH (Month) 2 (Day) 26 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 26 1866
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christian Schmidt
14. MOTHER'S MAIDEN NAME Katherine Decker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS May Shoemaker, 5310 Belt Rd. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	One hour
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe Cardio-vascular-renal disease	10 years
	(c) Senility c̄ Cerebral arteriosclerosis	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Feb 26, 1953, that I last saw the deceased alive on Feb 17, 1953, and that death occurred at 4.45 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED Feb 26 '53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 2/28/53 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) Prince Georges Coun. (State) Md.

DATE REC'D BY LOCAL REG. 2/26/53 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 1756 Pa. ave. N.W. Wash. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 12 1953
BUREAU V. S.

01941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Hill Rd, Rt #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS RD #1 (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Jacob (Last) Shryock Jr.
4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1953 19
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 23, 1899
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY Business Machines
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Jacob Shryock
14. MOTHER'S MAIDEN NAME Catherine Belle Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Mar 1 and 2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife — ~~Betty~~ Shryock, Eliz, 3701 Clark Lake Drive Chevy Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	3 years
	(c) Essential Hypertension	5-10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 2/24, 1953, that I last saw the deceased alive on 2-6-14, 1953, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE Miller Walsh, (Degree or title) M.D. ADDRESS Rockville, Md DATE SIGNED 2/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-2-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 3-6-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder per LVA
24. FUNERAL DIRECTOR Robert C. Sumphrey ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MAR 9

9194

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Wesley (Last) Sipes
4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 26, 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Bell Laundry
11. BIRTHPLACE (State or foreign country): Montgomery County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Sipes
14. MOTHER'S MAIDEN NAME: Eliza Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 577-09-1230
17. INFORMANT AND ADDRESS: Suburban Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock from internal hemorrhage

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured spleen and aorta

(c) Compound fracture, left femur, 7th & 8th ribs, lt.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis, aorta

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street | (CITY OR TOWN) (N. of Rockville) | (COUNTY) Route 240, Montgomery, | (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb, 18, 1953 6:50am | INJURY OCCURRED While at work [ ] Not while at work [X] | HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X] suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) M.D. Pathologist ADDRESS Suburban Hosp., Bethesda, Md. DATE SIGNED 19 Feb 5-3

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-53	Potomac Church Cem.	Potomac, Maryland

DATE REC'D BY LOCAL REG. 2/21/53 | REGISTRAR'S SIGNATURE [illegible] | FUNERAL DIRECTOR Robert H. Humphrey | ADDRESS Bethesda, Maryland

VS. A16A

BUREAU V. S.

Item 8.9: film G151 3-9-53 L

01946

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712 Rockville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 712 Rockville Pike

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) E. (Last) Smith

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec. 29, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 1 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov't. Emp.
10b. KIND OF BUSINESS OR INDUSTRY: Clerk U.S.Gov't.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William A. Smith
14. MOTHER'S MAIDEN NAME: Mabel Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs C.R.Eshleman 2414 Hamlin Pl. N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 30 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Arteriosclerosis & hypertension — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 13, 1953, to Feb 14, 1953, that I last saw the deceased alive on Feb 13, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE John F. Stapleton (DEGREE OR TITLE) M.D. ADDRESS 326 E. Rockville and Montgomery Ave. DATE SIGNED 2/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-18-53
NAME OF CEMETERY OR CREMATORY Utica Church Cem.
LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REG. 2-16-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder Res LVA
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0194

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville — LENGTH OF STAY (in this place) 23 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington, Maryland
STREET ADDRESS (If rural, give location) Garrett Park Rd. Rural

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) (Last) Spinks

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb 26 1871

9. AGE last birthday: 81 yrs. — If under 1 year: Months 11 Days 20 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk Income Tax Division

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Spinks

14. MOTHER'S MAIDEN NAME: Nancy Mewton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Almon W. Spinks, 4216 Knowles Ave. Kensington Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Chronic myocardial insufficiency — 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypostatic pneumonia — 2 weeks

(c) Cerebral Hemorrhage — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1 1953, to Feb. 16 1953, that I last saw the deceased alive on Feb. 15 1953, and that death occurred at 1:50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wheeler D. Stubb - M.D. — 4529 Maple Ave. Bethesda 14 Md. — Feb. 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/18/53 — NAME OF CEMETERY OR CREMATORY: Geo. Wash. Mem. Cemetery — LOCATION (City, town, or county) (State): Prince Geo. County, Maryland

DATE REC'D BY LOCAL REG. 2-20-53 — REGISTRAR'S SIGNATURE: Helen S. Eschenfelder per L.V.A.

24. FUNERAL DIRECTOR — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
FEB 21 1913
BUREAU V. S.

0104

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 37 - Quincy Street

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) DERBY PAGE (Last) SPRIGG

4. DATE OF DEATH: (Month) FEB. (Day) 14, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify) WIDOWED

8. DATE OF BIRTH: MAR. 30, 1862

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES GRAFTON PAGE

14. MOTHER'S MAIDEN NAME: PRISCILLA SEWELL WEBSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: MRS. LOIS SPRIGG HAZELL - 37 Quincy St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acidity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1952, to Feb 14, 1953, that I last saw the deceased alive on ~~5 Feb~~ 14, 1953, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) H L Claud ADDRESS 1757 N St. N.W. DATE SIGNED 2/14/53

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) CREMATION | DATE THEREOF 2/16/53 | NAME OF CEMETERY OR CREMATORY CEDAR HILL CRE. | LOCATION (City, town, or county) PRINCE GEO. CO. (State) MD.

DATE REC'D BY LOCAL REG. 2/14/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR AND ADDRESS Martin W. Hysong Co. - Wash. D.C. 1300 N St. N.W.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1949)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olney MONTGOMERY CO.
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine (Rural)
STREET ADDRESS (If rural give location) Nr, Daisy ✓

3. NAME OF DECEASED: (Type or Print) (First) Lorenzo (Middle) E. (Last) Stanton

4. DATE OF DEATH: (Month) (Day) (Year) February 7 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 29, 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Stanton

14. MOTHER'S MAIDEN NAME: Elizabeth unknown Stanton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Mrs Lorenzo Stanton, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.1 Immediate cause	(a)	Acute cardiac failure	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Coronary artery arteriosclerosis	10 years
	(c) DUE TO		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia — 1 year

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 7, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED Feb 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 10, 53
NAME OF CEMETERY OR CREMATORY Daisy Methodist
LOCATION (City, town, or county) (State) Daisy, Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2/9/53
REGISTRAR'S SIGNATURE Gertrude Lawler

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

cmc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STATE: MARYLAND
LENGTH OF STAY (in this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9001 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Montgomery
STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 9001 Old Georgetown Rd.

3. NAME OF DECEASED (Type or Print): (First) Anne Sweeney (Middle) (Sister M. Josephine) (Last) Swee-ney

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 4/9/1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious Nun

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY: Eire

13. FATHER'S NAME: John Sweeney

14. MOTHER'S MAIDEN NAME: Anne Deane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Convent Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Arteriosclerosis - generalized — Interval between onset and death: 2 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: No

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1953, to Feb. 26, 1953, that I last saw the deceased alive on Feb. 21, 1953, and that death occurred at 3:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael J. McInerny M.D. ADDRESS: 1100 Connecticut DATE SIGNED: Washington D.C. 2-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 27/53

NAME OF CEMETERY OR CREMATORY: Convent Cemetery

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: 2-27-53

REGISTRAR'S SIGNATURE: Bessie M. Humphreys

24. FUNERAL DIRECTOR: Bruce A. Collins ADDRESS: 3821-14th St. N.W. Wash. D.C.

VS. A15

FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3402 - [illegible]

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Tate

4. DATE OF DEATH: (Month) (Day) (Year) Feb 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 20, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 11 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington San + Hosp.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reginold Elbert Tate
14. MOTHER'S MAIDEN NAME: Irma Angelina Cressotti

15. WAS DECEASED (Yes, no, or unk.) EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Birth record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774 X

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: 11 hr. 45 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20 am, 1953, to Feb 20, 1953 PM that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 10 15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ruth Standard MD. ADDRESS Wash. San + Hosp. DATE SIGNED 2-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 2-24-53
NAME OF CEMETERY OR CREMATORY Washington San. & Hosp.
LOCATION (City, town, or county) (State) Takoma Park, Maryland
DATE REC'D BY LOCAL REGISTRAR Feb. 24 1953
REGISTRAR'S SIGNATURE J. Wilton Dodd
24. FUNERAL DIRECTOR Robert A. Hare, M.D. ADDRESS Takoma Park, Md.

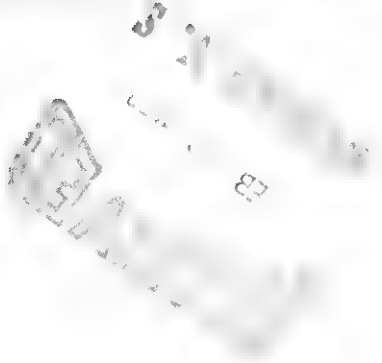
2023212281

Written permission received from both parents. W.H. Hyatt, Medical Rec. Librarian

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

92339

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist of Col — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 461 Eye St SW

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) TAYLOR

4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Mar 1874 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Ireland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Alma Yates Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X

Immediate cause (a) HYPERTENSIVE HEART DISEASE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION

(a - IX) (c) CEREBRAL HEMORRHAGE & RIGHT HEMIPLEGIA.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SYPHILIS OF BLOOD STREAM

19a. DATE OF OPERATION: NONE | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 15, 1952 to FEB. 20, 1953, that I last saw the deceased alive on FEB. 20, 1953 and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE Kenneth Lowder | (Degree or title) M.D. | ADDRESS 1603 19th St. N.W. Washington, D.C. | DATE SIGNED 2/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/23/53 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 2/20/53 | REGISTRAR'S SIGNATURE Frances Potter | FUNERAL DIRECTOR R. A. Mattingly | ADDRESS 131-11-SE Washington DC

FEB 24 1
BUREAU V. S.

0195

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural, give location) Sharon Home

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Virginia (Last) Thornton

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-29-'79

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer's wife

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Josiah W. Jones

14. MOTHER'S MAIDEN NAME: Mary Bamsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 577-26-2408

17. INFORMANT AND ADDRESS: Sharon Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9-4 Immediate cause (a) Chronic cardiac failure — 7 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of hip — 7 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertention — 4 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Damascus — (COUNTY) monty — (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-2-52 ~ 4 P. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Fell to floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brockart — (Degree or title) M.D. — ADDRESS: Gaithersburg md — DATE SIGNED: 2-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Feb. 10, 1953 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG. 2-9-53 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS: Clin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 620 Monroe Street

3. NAME OF DECEASED: (Type or Print) (First) Shirlene (Middle) Candice (Last) TRIMMER

4. DATE OF DEATH: (Month) (Day) (Year) February 23 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: January 15, 1953

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Roy William TRIMMER

14. MOTHER'S MAIDEN NAME: Helen BASSETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father: Roy William TRIMMER Same as #2 Above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751.x Immediate cause (a) Pneumonia, organism unknown DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cong. Hydrocephalus DUE TO (c) Meningomyelocele

Interval Between Onset And Death: 4-5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1953 to Feb. 23, 1953, that I last saw the deceased alive on Feb. 23, 1953 and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) P. G. HOVEMAN LT. MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED February 2[illegible], 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial DATE THEREOF Feb. 24, 195[illegible] NAME OF CEMETERY OR CREMATORY St. Paul Lutheran Cemetery LOCATION (City, town, or county) East Berlin (State) Pennsylvani[illegible]

DATE REC'D BY LOCAL REGISTRAR February 24, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland.

20132113[illegible]

Item 9 FilmG151 2/25/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, (19)51

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bladensburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Turner

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr. 17, 1885

9. AGE last birthday: 68 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Turner

14. MOTHER'S MAIDEN NAME: Maria Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Helen James

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hemiplegia

DUE TO

(c) Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1953, to Feb 13, 1953 that I last saw the deceased alive on Feb 12, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring DATE SIGNED 2-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/13/53 — NAME OF CEMETERY OR CREMATORY: Johnson Parkwood — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 2-16-53 — REGISTRAR'S SIGNATURE: Helen S. Echenfelder — **24. FUNERAL DIRECTOR:** Robert L. Snowden, Rockville, Md — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 S. Washington St.	STREET ADDRESS (If rural, give location) 120 S. Washington St.

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) L. (Last) VEIRS			4. DATE OF DEATH (Month) Feb. (Day) 3, (Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-25-1859	9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME James Lydanne		14. MOTHER'S MAIDEN NAME Harriett Magruder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Fanny Pate- Rockville, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4. Immediate cause (a) Myocardial failure — Few days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile arteriosclerosis & myocarditis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to Feb. 3, 1953 that I last saw the deceased alive on Feb. 3, 1953 and that death occurred at noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. A. Linthicum, M.D. — ADDRESS Rockville, Md. — DATE SIGNED 2/3/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-6-53	NAME OF CEMETERY OR CREMATORY Rockville Union	LOCATION (City, town, or county) (State) Rockville, Maryland
DATE REC'D BY LOCAL REG. 2/5/53	REGISTRAR'S SIGNATURE Helen S. Eckenfelder	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01956

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Damascus; LENGTH OF STAY (in this place) yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Damascus; STREET ADDRESS (If rural, give location) R.F.D. Mt. Airy

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	Estella	Watkins	Feb. 14 19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Feb. 11, 1[illegible]	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Florence, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Pickett	Mirria Louise Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
--	--	Harry B. Watkins, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cardio-vascular renal disease with hypertension.	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Recurrent cerebral hemorrhage	
(c)		

4426

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. ..., 19 35, to Feb. 14, 1953, that I last saw the deceased alive on Feb. 14, 19 53, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M. D.	Damascus, Maryland	Feb. 16, 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 17, 1953	Howard Chapel	Long Corner, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 17 1953	Della N. Burdette	Olin L. Molesworth	Damascus, Md.

VS. A15

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0195

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7204 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7204 Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) M (Middle) Fay (Last) Wetmore

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 3, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Lawrence, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Scott R. Holloway

14. MOTHER'S MAIDEN NAME: Clara Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Dr. Alexander Wetmore, 7204 Maple Ave., Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

Immediate cause (a) Hodgkins disease — Interval Between Onset And Death: Several yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953 to 2/13, 1953, that I last saw the deceased alive on 2/12, 1953, and that death occurred at 12:15 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Shibodeau, M.D. ADDRESS 10111 Colesville Rd Silver Spring, Md. DATE SIGNED 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 2-16-53 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory LOCATION (City, town, or county) Suitland, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Feb. 20-1953 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Joseph Gawlers Sons, ADDRESS 1756 Pa. Ave. Wash? D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 275

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Warwick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma-Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport News
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.	STREET ADDRESS (If rural, give location) 1309 - 20th St.,

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Joseph (Last) Whiting	4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1953
5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH Sept. 8, 1914 — 9. AGE last birthday 38 yrs. If under 1 year Months Days — If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward and utility man for U.S. Coast Guard — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) England — 12. CITIZEN OF WHAT COUNTRY? England
13. FATHER'S NAME Charles Whiting	14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. 532-26-7243	17. INFORMANT AND ADDRESS Detective Whalen, Montgomery County Police Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
9 & 1 Immediate cause	(a) Abdominal hemorrhage due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) bullet wound in abdomen	1 hr.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm house	(CITY OR TOWN) near Fairland	(COUNTY) Monty	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 13-53-6:30 A.M.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Shot by by John A. Riley		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brosehart	M.D.	Gaithersburg Md	2-13-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/21/53	NAME OF CEMETERY OR CREMATORY Colesville Cemetery	LOCATION (City, town, or county) (State) Montgomery County, Md.
DATE REC'D BY LOCAL REG. Feb. 25-1953	REGISTRAR'S SIGNATURE J. Wilson Dodd	24. FUNERAL DIRECTOR [illegible]	ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

0195

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fairland Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frieda (Middle) (Last) Whiting

4. DATE OF DEATH (Month) Feb (Day) 13 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 7 1924
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS John A. Riley R#2 Box 50 Laurel, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage + laceration — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound in skull — death

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) near Fairland (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Feb (Day) 3-53 (Year) 6:30 (Hour) A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot by husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-21-1953
NAME OF CEMETERY OR CREMATORY Washington Natl
LOCATION (City, town, or county) Dialland (State) Md.

DATE REC'D BY LOCAL REG. 2/20/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR U.W. Chambers Co. 1400 Chapin St ADDRESS

Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB
BUREAU V. S.

01960

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12411 Good Hall Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12411 Good Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Winston (Last) Whitlow
4. DATE OF DEATH (Month) Feb (Day) 12 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-6-1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY D.C. policeman
11. BIRTHPLACE (State or foreign country) Ken.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas F. Whitlow
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mildred Whitlow (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

970.8

Immediate cause (a) Chloral Hydrate poisoning — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio-vascular disease — 3 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart ADDRESS Gaithersburg Md DATE SIGNED 2-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-16-53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetary
LOCATION (City, town, or county) Prince George Co. (State) Md

DATE REC'D BY LOCAL REG. 2-12-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S.H. Hines Co. 2901 14th st N.W. Washington D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

01961

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 14 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9606 Sutherland Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9606 Sutherland Rd.

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) H. (Last) Whitten
4. DATE OF DEATH (Month) Feb (Day) 18 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 6-19-1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? USC
13. FATHER'S NAME Townsend P Hales
14. MOTHER'S MAIDEN NAME Mabel E Hales HELEN HUNT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted]) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Chas A. Whitten 9606 Sutherland Rd Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525 X

Immediate cause (a) Acute cardiac failure — 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary fibrosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 2-18-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 2-21-1953 NAME OF CEMETERY OR CREMATORY Moss Ridge LOCATION (City, town or county) Carthage Ill. (State)

DATE REC'D BY LOCAL REG. 2/18/53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Joseph Lawlers Sons ADDRESS 1756 Pa ave. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARYLAND STATE DEPARTMENT OF HEALTH

01962

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville (rural)
STREET ADDRESS (If rural, give location) Glen Mill Rd

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) Mudd (Last) Wiehle
4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-15-1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph A. Mudd
14. MOTHER'S MAIDEN NAME Virginia E. Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Max C.J.Wiehle- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Broncho-pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg, Md DATE SIGNED 2-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 11 1953
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2-12-53
REGISTRAR'S SIGNATURE Helen S Edenfelder
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01963

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton, Md.
STREET ADDRESS (If rural give location) 2714 Sheraton Street.

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) Mae (Last) Williams

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1953.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Dec. 20, 1949
9. AGE last birthday: 3 yrs. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond C. Williams
14. MOTHER'S MAIDEN NAME: Charotte Joan Bergmann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2040

Immediate cause (a) Acute leukemia, lymphatic

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 2 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1953, to 2/23, 1953, that I last saw the deceased alive on 2/23, 1953, and that death occurred at 7:18 P.M., from the causes and on the date stated above.

SIGNATURE A. D. Bonfant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 2/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/26/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 2-26-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR [illegible]
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

from Francis Potter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

0196

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4504 Ridge Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4504 Ridge Street

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Allison (Last) WOLFORD

4. DATE OF DEATH (Month) (Day) (Year): February 9 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11/12/1903

9. AGE last birthday: 49 yrs. If under 1 year: Months 2 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchase Analyst

10b. KIND OF BUSINESS OR INDUSTRY: NIH-Govt

11. BIRTHPLACE (State or foreign country): Chevy Chase, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Wolford

14. MOTHER'S MAIDEN NAME: Elizabeth Allison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Almeda L. Wolford-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion — Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brochart M.D. — ADDRESS: Gaithersburg md — DATE SIGNED: 2-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/12/53 | NAME OF CEMETERY OR CREMATORY: Rockville Union | LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 2/12/53 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | 24. FUNERAL DIRECTOR: Roberts A. Pumphrey | ADDRESS: Bethesda, Md

VS. A15A

Items 7,10 FilmG151 2/20/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural, give location) 6035 River Road

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) (Last) Wood

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - janitor at store

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Nelson Wood

14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331x
Immediate cause (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 18 days
DUE TO
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1953, to Feb. 6, 1953, that I last saw the deceased alive on Jan. 19, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.
SIGNATURE William D. Miller M.D. (DEGREE OR TITLE) ADDRESS 7 Brooke Ave., Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/9/53
NAME OF CEMETERY OR CREMATORY: Pumice Orchard
LOCATION (City, town, or county) (State): Pumice Orchard Md
DATE REC'D BY LOCAL REG. 2-12-53
REGISTRAR'S SIGNATURE Helen L. Eckenrode
24. FUNERAL DIRECTOR: Robert L. Snowden
ADDRESS: Rockville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01960

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Capitol View.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Prince George ~~MONTGOMERY~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) GERTRUDE (Last) WORMWOOD.
4. DATE OF DEATH: (Month) FEB. (Day) 11 (Year) 1953.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 2, 1860
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At HOME
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME.
11. BIRTHPLACE (State or foreign country): Maryland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JULIAS MARLOW.
14. MOTHER'S MAIDEN NAME: EVELYN HOPKINS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. ROY SMALLWOOD GLENDALE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 4 days.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized + Cerebral Arteriosclerosis — many years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to February, 1953, that I last saw the deceased alive on 2/6, 1953, and that death occurred at 2 40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Seymour Graebaum, MD
ADDRESS 9300 E Wing Drive Bethesda Md.
DATE SIGNED 2/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 14. 1953
NAME OF CEMETERY OR CREMATORY Th. Lincoln.
LOCATION (City, town, or county) (State) Md.
DATE REC'D BY LOCAL REGISTRAR 2-12-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR J. Arthur Walters
ADDRESS 754 Carroll St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3196.

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7930 Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7930 Georgetown Rd.

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) Thomas (Last) Yendell
4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH 24 Feb 1882
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Penzance England.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Thomas
14. MOTHER'S MAIDEN NAME Jane Pascoe.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Daughter Mrs E.W. Coherd. 7930 Georgetown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

176X Immediate cause (a) Metastatic Carcinoma of Liver, lungs Intestines — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Vulva. — 4 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8 Nov. 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Vulva. Vulectomy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct, 1949, to 8 Feb., 1953, that I last saw the deceased alive on 7 Feb, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 8 Feb 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE Feb. 10, 1953
NAME OF CEMETERY OR CREMATORY Greenwood Union
LOCATION (City, town, or county) (State) Rye, New York
DATE REC'D BY LOCAL REG. 2/10/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 13
TAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01968

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Kensington, Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) Nov. 25, 53 - 2/13/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring - Viers Mill Village
STREET ADDRESS (If rural, give location) 4104 Dayhill Rd

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Farrar Pierce (Last) Young
4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1953

5. SEX Female
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Jan. 30, 1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Rochester, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Chase Pierce.
14. MOTHER'S MAIDEN NAME Ellen Farrar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Robert T. Young, JR. 2108 Windham Rd. Silver Spr., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Acute gastrointestinal hemorrhage. — Sev. hrs. (?)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Colonic carcinoma c̄ metastases. — 10-12 mo.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION Oct., 1952.
19b. MAJOR FINDINGS OF OPERATION Colonic carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952 to Feb. 13, 1953, that I last saw the deceased alive on 2-11-, 1953, and that death occurred at 8 20 P.m., from the causes and on the date stated above.

SIGNATURE George Alphonso (Degree or title) Opsy Jr. M.D. ADDRESS 104 Chevy Chase Dr. Chevy Chase, Md. DATE SIGNED Feb. 13, 1953.

23. BURIAL, CREMATION REMOVAL (Specify) Dunlap
DATE THEREOF 2/14/53
NAME OF CEMETERY OR CREMATORY Oak Dan Hill Cem
LOCATION (City, town, or county) Hartland Rd (State) Md

DATE REC'D BY LOCAL REG. 2/14/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Cheny Chase Funeral Home ADDRESS 5103 Wis Ave N.W. D.C.

VS. A45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 01969

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 1421 Kanawha Street

3. NAME OF DECEASED (Type or Print): (First) Miles (Middle) — (Last) Znamenacek
4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 6, 1930
9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Helper
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Miles Znamenacek
14. MOTHER'S MAIDEN NAME: Helen Marie O'Connor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1949-1950
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Gloria Marie Znamenacek Hyattsville 1421 Kanawha Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825 Immediate cause (a) Respiratory Failure from brain contusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Comminuted fracture vault + base of skull

(c) Extensive Contusion + Laceration Cerebrum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-6-53
19b. MAJOR FINDINGS OF OPERATION: Fract Skull - Epidural Hematoma, Subdural Hem., Cerebral Laceration
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): highway
(CITY OR TOWN): Silver Spring (COUNTY): Mont'y (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 5 53 24 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Jonathan M. Williams M.D. (Degree or title) M.D.
ADDRESS Suburban Hosp. Bethesda Md. 2014 R St NW Wash 9 DATE SIGNED 2-7-53

BURIAL, CREMATION OR REMOVAL (Specify): Removal
DATE THEREOF: 2-7-53
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 2/9/53
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS: Deal Funeral Home 4812 Ga. Ave N.W. D.C.

RECEIVED
FEB 17 1971
BUREAU V. S.